DEPT.-65

JOB-31

REEL-22

# CITY OF BALTIMORE

# HEALTH DEPT.

# BUREAU OF VITAL STATISTICS

# DEATHS

EP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23007

FORM RM-1 (11-59) RETAIN—PERM.

# REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

**Record Identification**

| 1. TITLE: | 2. Form No. if available | 3. Type—(cards, paper, etc.) |
|---|---|---|
| Certificate of Death | | Bound Book |

| 4. Dates | 5. Volume accumulated yearly | 6. Size of Record | 7. Number of copies made |
|---|---|---|---|
| | | Misc. | One (1) |

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

| 9. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 10. Equipment and space freed. | 11. In your opinion does this record have any historical significance? |
|---|---|---|---|---|
| 12 yrs. | Micro. Perm. | 12 yrs. and Micro. Perm. | | YES [ ] NO [X] |

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/28/63 Date

**Recommendation of Records Management Officer**

| 13. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 14. Disposal Method A | B. | C. |
|---|---|---|---|---|---|
| 12 yrs. | Microfilm Permanent | 12 yrs. and Microfilm Permanent | [ ] To be sold as scrap or waste paper | [X] To be Burned or shredded | [ ] Historical, (to be transferred to Dept. of Legislative Reference.) |

REMARKS: 2 negative Rolls + 1 positive for hospital

C P Force Records Management Officer 3/28/63 Date

**APPROVALS OF RECORDS DISPOSAL COMMITTEE**

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21676 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 15, 1886,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva. Mayerson,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* 2 *Days*

*Color,* White,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housewife,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} 195 N Gay St

*Cause of Death,* First (Primary), Apoplexy (Hemorrhage)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two ~~Ten~~ Weeks,

All the above information should be furnished by the Physician.

*Place of Burial,* Fell Point Cemetery

*Date of Burial,* May 16

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 High *Address,* 133 N Gay St

J. H. Schmeltzer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91677 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Esther Martin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tenant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} Vineyard - Fort av

*Cause of Death,* First (Primary), Congestive Chill

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peter Cemetery

*Date of Burial,* May 17th 86

*Undertaker,* Daniel Tilyou

*Place of Business,* 109 West St

Wm. F. Cooke M. D.
Medical Attendant.

*Address,* 110 Fort Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91678 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 5th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Vahle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 9 Chestnut

*Cause of Death,* First (Primary), Inflammation

Second (Immediate), of Bowels

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* May 7th 1886

*Undertaker,* Ernst Schlosser

*Place of Business,* 181 Sharp

Wm. H. Smith M. D.
Medical Attendant.

*Address,* 28 Lexington St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9679 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 15 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie A. Ream

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 13 *Months,* 4 *Days*

*Color,* colour

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 60 S. Mount st

*Cause of Death,* First (Primary), Malarial

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about four months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* May 16th 1896

*Undertaker,* Wm. F. Berger

*Place of Business,* 62 East st

W. A. Jewett M. D.

Medical Attendant.

*Address,* 322 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 11680 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Emily J. Cornish

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Washerwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 131 N. Durham St.

*Cause of Death,* First (Primary), Cerebral Hemorrhage

Second (Immediate), — Paralysis

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 16th 1886

*Undertaker,* [illegible]

*Place of Business,* 62 East St

H. H. Tuck M. D.
Medical Attendant.

*Address,* 742 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 91681 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick O'Brien

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* ... *Months.* ... *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Fifty years

*Place of Death,* {Give Street and Number.} 185 Preston St.

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Dyspnoea.

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* May 18/86

*Undertaker,* Chas. F. Sevin

*Place of Business,* 27 N Eutaw Address, 234 Madison Avenue

A. J. Bell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91682 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Thalheimer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St Joseph st between Bond & Broadway

*Cause of Death,* First (Primary), Heart-Disase

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 Years

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* May 17th 1886

*Undertaker,* Henry Hoeck

*Place of Business,* N Central ave

James A Stuart M.D.

~~Medical Attendant~~

Address, Bd. of Health Regulator

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McMeeken Sanitary Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 91683 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 15, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Brogden

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 19 *Months,* 1 *Days*

*Color,* Black

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 101 Vine St

*Duration of Residence in the City of Baltimore,* 19 m 1 day

*Place of Death,* {Give Street and Number.} 99 Morris alley

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Broncho Pneumonia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery (Chart Case)

*Date of Burial,* May 17th 1886

*Undertaker,* Abr Hemsley

*Place of Business,* 116 Orchard st

William Lee M. D.
Medical Attendant.

*Address,* 339 E. Eutaw st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

12

Permit No. 9168 *Office of Registrar of Vital Statistics.* Ward 11

B

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 15th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank B. Mollison

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Two *Years,* *~~Months~~,* *~~Days~~*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 66 Walnut al.

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} 66 Walnut al.

*Cause of Death,* First (Primary), Scrofula

Second (Immediate), Abcess of neck

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* May 17th 1886

F. B. Gardner M. D.

Medical Attendant.

*Undertaker,* Alex Hensley

*Place of Business,* 116 Archard St *Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 91685

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 91685 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 15. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Jane Batley

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* — *Months.* — *Days*

*Color,* W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give Street and Number.} 24 Bolton Street

*Cause of Death,* First (Primary), Abscess of hip & leg,

Second (Immediate), ~~Pneumonia~~ Pulmonary Congestion and Exhaustion

*Duration of Last Sickness,* 2 Years & 6 month

All the above information should be furnished by the Physician.

*Place of Burial,* Govanstown M E

*Date of Burial,* May 17th 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St

C. B. Browne M. D.
Medical Attendant.

*Address,* 30 Jefferson ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 91686 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida C. Purcell.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* 3 *Months,* 10 *Days*

*Color,* White.

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 198 N. Mount St.

*Cause of Death,* First (Primary), Typhoid Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* May 17: 1886

*Undertaker,* John Lake

*Place of Business,* 201 E. Balto St. *Address,* 347 N. Broadway.

John D. White M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21687 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Klima

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 14 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} W side Chapel St 2nd Houses S of Eager

*Cause of Death,* First (Primary), Remitt Fever

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens

*Date of Burial,* May 17th 1886

*Undertaker,* F. Enoch

*Place of Business,* 249 E Pratt *Address,* 344 E. Balto St

J. H. Kellenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91688 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death.* May 15, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie T Drummond—

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 9 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harrington, Del

*Duration of Residence in the City of Baltimore,* 2 yrs—

*Place of Death,* {Give Street and Number.} 294 N. Howard—

*Cause of Death,* First (Primary),

Second (Immediate), Hydrocephaloid—

*Duration of Last Sickness,* 3 weeks—

All the above information should be furnished by the Physician.

*Place of Burial,* London park Cemy

*Date of Burial,* May 17th 1886

*Undertaker,* Cemy Co Mitchell

*Place of Business,* 550 W Fayette St

O Edw Jaines M. D.
Medical Attendant.

*Address,* 212 N. Eutaw st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21689 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Madden

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* (2 Hours) ~~Years~~, ~~Months~~, ~~Days~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 15. N. Chester st

*Cause of Death,* First (Primary), (Premature Birth)

Second (Immediate),

*Duration of Last Sickness,* (2 Hours)

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 17, 1886

*Undertaker,* C. A. Dawson

*Place of Business,* 74 S. Bway

Thomas J. Evans, M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91690 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Geiser

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 124 S Spring St.

*Cause of Death,* First (Primary), Acute Meningitis

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 17th 1886

*Undertaker,* Fred Goede

*Place of Business,* 298 Caroline

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9769 1

## Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* May 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Mack.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 11 Months. Days

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give Street and Number.} 25 Biddle Alley

*Cause of Death,* First (Primary), Malarial

Second (Immediate), Bronchitis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* May 18th 1886

*Undertaker,* Wm. J. Gray

*Place of Business,* 65 Mountcastle

J C Kelly M. D.
Medical Attendant

*Address,* 193 W Lombard

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91692 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abigail Dorsey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 43 *Years,* ——— *Months,* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 920 N. Gilmor St

*Cause of Death,* First (Primary), Pleuro-Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* May 18th 1886

*Undertaker,* John Weaver

*Place of Business,* 1202 N. Eutaw

D. E. Shipley M. D.
Medical Attendant.

*Address,* 41 N. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91693 *Office of Registrar of Vital Statistics.* Ward 49

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 15, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Elliott

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* — *Months,* — *Days* 1

*Color,* White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 77 E. Baltimore St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* About 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* May 17/86

*Undertaker,* J. B. Cook Hiram Woods M. D.

Medical Attendant.

*Place of Business,* 707 E. Balt. Address, 84 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91694 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Rowska

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 1 *Years,* 8 *Months.* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow or Widower~~ ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 8 & 10 Shakspeare ln

*Cause of Death,* First (Primary), Pneumonia (acute)

Second (Immediate),

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.t

*Date of Burial,* 18 May &c. John H. Rehberg M. D.

Medical Attendant.

*Undertaker,* Felix Broskowski

*Place of Business,* 215 S Bond *Address,* 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91695 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Barnhart

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.} Male

*Age,* 22 *Years,* ——— *Months,* ——— *Days*

*Color,* Black

~~Married~~, *Single,* ~~Widowed or Widower~~, {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give Street and Number.} 19 Pine alley

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Charles St Cemetery

*Date of Burial,* May 17 1884

*Undertaker,* Hercules Ross

*Place of Business,* 9 E Eu Way St

Master Warfield M D.
Medical Attendant.

Address, Balto Md. Hosp

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91694 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Sellinger

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 172 Eden St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Catarrhal Pneumonia

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* May 16-86

*Undertaker,* G. Frances

*Place of Business,* Jan & Wolfe St. *Address,* 5 S Eden St

E. B. Cuiman, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91697 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 17 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* May 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Handel

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation*~~, 0

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} N 160 Sarah Anne St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* May 19th 1886

*Undertaker,* W H Dungee

*Place of Business,*

James A. Stewart. M.D.

~~Medical Attendant~~

*Address,* Com. of Health & Registration

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J. H. Roberts Sanit. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91698 *Office of Registrar of Vital Statistics.* Ward 12 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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## CERTIFICATE OF DEATH.

*Date of Death,* May 17/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion —

*Duration of Last Sickness,* 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* May 18th 1886

*Undertaker,* Hamund Lake

*Place of Business,* Division St.

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. Calhoun st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91699 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Pfeffermann

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 62 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} Married

*Occupation,* Supt of Wine Cellar at Barnums

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 yrs.

*Place of Death,* {Give Street and Number.} 167 Hughes St

*Cause of Death,* First (Primary), Obstructive Jaundice

Second (Immediate), Hepatitis

*Duration of Last Sickness,* About 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Olphans

*Date of Burial,* May 18

*Undertaker,* J. McCarl

*Place of Business,* 82 West St

Thos. O'Dea M. D.
Medical Attendant.

*Address,* 179 N Howard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91709 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

STAMP IMPRINT MAY 16 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16" 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Metzger

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Dying, Life

*Place of Death,* {Give Street and Number.} 25 Randall st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* May 18th

*Undertaker,* B. Hall

*Place of Business,* 82 West St

O. A. Wolke M. D.
Medical Attendant.

*Address,* 110 Fortan

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore.

**Permit No.** 91701 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Found dead May 15th 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Catie Kellum

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* About 50 *Years,* *Months.* *Days.*

*Color,* Light African

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Living alone

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death.* {Give street and Number.} # 12 Woodyear St Alley

*Cause of Death.* First (Primary),

Second (Immediate), Supposed to be Heart affection

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Church St Cemetery

*Date of Burial,* May 16 1886

*Undertaker* Wm. A. Engel

*Place of Business,* 62 East St *Address,*

L. G. Sparrow *M. D.*

~~Medical Attendant.~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91702 *Office of Registrar of Vital Statistics.* Ward 11a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 17 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Fanny Johnson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 2 hours Days

*Color,* Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 37 Little Monument St

*Duration of Residence in the City of Baltimore,* ~~—~~ —

*Place of Death,* {Give Street and Number.} 37 Little Monument St

*Cause of Death,* First (Primary), Premature birth (5½ mo.

Second (Immediate),

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem & Lane Pennsylvania

*Date of Burial,* May 18th 1886

*Undertaker,* Abr Hensley

*Place of Business,* 116 Orchard *Address,* 219 Madison ave

_____ *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21703 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 17 1886
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* May 15 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ky. Watters

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ..... *Months,* 15 *Days*

*Color,* ~~ed~~

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} In 3 Herring Court Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} No 3 Herring Court

*Cause of Death,* First (Primary) Whooping Cough, Secondary Pneumonia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Lamet's Cemetery

*Date of Burial,* May 17 1886

*Undertaker,* W H Madden

*Place of Business,* 76 East St

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 n Exeter st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91704 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 17 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* May 17. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Young

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Charlottesville Va.

*Duration of Residence in the City of Baltimore,* 9 months

*Place of Death,* {Give Street and Number.} Carlton Al. near Tennant st

*Cause of Death,* First (Primary), Rheumatism (Acute)

Second (Immediate), meningitis

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Upper Marlboro Va

*Date of Burial,* May 19 1886

*Undertaker,* Wm Smith Jr

*Place of Business.* 62 Bond St

J Harvey Hill M. D.
Medical Attendant.

*Address,* 127 Arlington Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4194 Daniel

# Health Department, City of Baltimore.

Permit No. 91705 *Office of Registrar of Vital Statistics.* Ward 2 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* May 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Hubbe

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 11 *Months,* 8 *Days*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.} Single √

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 179 S. Bethel st

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 179 S. Bethel st

*Cause of Death,* First (Primary), measles

Second (Immediate), Capillary Bronchitis

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* M. Evangelical Cem

*Date of Burial,* May 18: 1886

*Undertaker,* H. A. Saunders & Son

*Place of Business,* 952 Canton ave *Address,* 47 Edmondson ave

Jas. E. Gibbons M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 91706

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91706 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kimbel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* / *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} N. W. Cor Eastern Ave & Regester st

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 48 hours

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Evangelical Cem

*Date of Burial,* May 17th 1895

*Undertaker,* H. Saudenson

*Place of Business,* 252 Baltimore

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square Balto

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Health Department, City of Baltimore.

Permit No. 91707 *Office of Registrar of Vital Statistics.* Ward 11th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mullin

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* ..... *Months.* ..... *Days*

*Color,* White.

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Wife.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 35 yrs.

*Place of Death,* {Give Street and Number.} 129 Madison St.

*Cause of Death,* First (Primary), Debility

Second (Immediate), Paralysis.

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral

*Date of Burial,* May 18th 1886

W. P. Morgan M. D.
Medical Attendant.

*Undertaker,* Joseph F. Byrne

*Place of Business,* 59 n Liberty St *Address,* 119 W. Monument.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rules [illegible] this Certificate.

# Health Department, City of Baltimore.

Permit No. 91708 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Stollings

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months.* 11 *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 1 Yr 4 Mos. 11 days

*Place of Death,* {Give Street and Number.} 261 Canton Ave

*Cause of Death,* First (Primary), Bronchitis (Acute)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cem

*Date of Burial,* May 18 1886

*Undertaker,* H. McGinniss

*Place of Business,* 71 Central

S. D. Hoffman M. D.
Medical Attendant.

*Address,* 346 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21709 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McKee

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Forty *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} In rear of 386 Harford ave

*Cause of Death,* First (Primary), Pregnancy & Confinement.

Second (Immediate), Exhaustion from hemorrhage.

*Duration of Last Sickness,* Don't Know. Was in care of midwife new Year only one hour before death.

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* May 18th 86

*Undertaker,* Henry L. Thomas

*Place of Business,* 22 W. Fayette

Geo. A. Elwell M. D.
Medical Attendant.

Address, 559 Harford ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9710 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 18 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward F. Klima (Klima)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 9 Months, Days

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* 0

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 245 N Bond St

*Cause of Death,* First (Primary), Acute Pneumonia

Second (Immediate), " Meningitis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Athanasius Cemetery

*Date of Burial,* May 17th 86

*Undertaker,* F. Enoch

*Place of Business,* 2491 Parkman st

Wm. L. Russell M. D.
Medical Attendant.

*Address,* 238 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9171 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Oliver

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Phila Pa.

*Duration of Residence in the City of Baltimore,* 45 years.

*Place of Death,* {Give Street and Number.} 58 N. Biddle St.

*Cause of Death,* First (Primary), Rheumatism Acute

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 19th 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave

J. H. Miller M. D.
Medical Attendant.

*Address,* 188 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9171 2 *Office of Registrar of Vital Statistics.* Ward 11 C

HEALTH DEPARTMENT
MAY 19
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Michael Ricker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Seventy Eight *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Dock Flowers

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Fifty Six years

*Place of Death,* {Give Street and Number.} 259 Preston

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Exhaustion from Debility & old age

*Duration of Last Sickness,* about 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* May 19

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

S. C. Pole M. D.
Medical Attendant.

*Address,* 599 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91713 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Mr. & Susan Monroe

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* Two *Months,* —— *Days*

*Color,* Col

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 191 Vincent al

*Cause of Death,* First (Primary), Fall

Second (Immediate), Concussion of Brain

*Duration of Last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Thompson County

*Date of Burial,* May 19 1886

*Undertaker,* William A Duryea

*Place of Business,* 62 East st

E. H. Holbrook *M. D.*

Medical Attendant.

*Address,* 185 N. Eutaw st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91714 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth L Thawley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 1 *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ball

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 518 S. Charles

*Cause of Death,* First (Primary), Pneumonia (Typhoid)

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery,

*Date of Burial,* May 19.

*Undertaker,* B Harle

*Place of Business,* 82 West.

H W Wells M. D.
Medical Attendant.

*Address,* 101 Barclay

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9171 5 *Office of Registrar of Vital Statistics,* Ward 15

HEALTH DEPARTMENT MAY 18 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Edward Myers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 15 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* XXX

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 19 S. Spring

*Cause of Death,* First (Primary), Supposed injury to Head

Second (Immediate), Cerebral Meningitis

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmeal

*Date of Burial,* May 19th 1886

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Caroline *Address,* 29 E Balto St

James E Donnelly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21716 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial [redacted] obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Moore

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 74 yrs

*Place of Death,* {Give Street and Number.} 86 N. Eutaw

*Cause of Death,* First (Primary), Senile Debility

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Some time

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brea

*Date of Burial,* May 18 [redacted]

Geo. B. Reynolds M. D.
Medical Attendant.

*Undertaker* Jas Byrne

*Place of Business,* Thendorf *Address,* 171 N Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9717 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Murphy.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 55 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 Years.

*Place of Death,* {Give Street and Number.} 134 E. Fayette

*Cause of Death,* First (Primary), Consumption

Second (Immediate) Asthenia

*Duration of Last Sickness,* Several years.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* May 18 1886

J. W. Bates M. D.
Medical Attendant.

*Undertaker,* Wal P Byrne

*Place of Business,* Front St *Address,* 78 E. Balto St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91718 *Office of Registrar of Vital Statistics.* Ward 7 a

HEALTH DEPARTMENT
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Skillman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 145 N. Wolfe St.

*Cause of Death,* First (Primary), Abscesses & Meningitis

Second (Immediate), Sequelae of Scarletina

*Duration of Last Sickness,* 9 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* May 19 1886

E. B. Henby, M. D.
Medical Attendant.

*Undertaker,* Armstrong & Denney

*Place of Business,* Light & Montgomery *Address,* 203 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 21719 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis L. Reinhardt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 28 *Years,* 7 *Months.* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 281 W Pratt St

*Cause of Death,* First (Primary), Gun Shot wound

Second (Immediate), Pyaemia

*Duration of Last Sickness,* 5 months & 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* May 18th 1886

*Undertaker,* P.H. Secrest

*Place of Business,* 36 S. Eutaw St *Address,* 195 W Lombard St

J. R. Wiley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List o[illegible]es on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91720 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT MAY 17 1886 REGISTERED

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Hughes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 11 *Years,* 28 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No 32 Stockholm St

*Cause of Death,* First (Primary), Bronchitis & Malaria

Second (Immediate),

*Duration of Last Sickness,* 4 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Cemetery

*Date of Burial,* May 19 1886

*Undertaker,* Wilson & Logue

*Place of Business,* 62 East St

Physician, M. D.

Medical Attendant.

*Address,* Columbia Ave & Pennsylvania

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9172 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT MAY BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie & Geo Lauster & Parents

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 92 N. Caroline

*Cause of Death,* First (Primary), .....

Second (Immediate), Premature Birth - 8 months

*Duration of Last Sickness,* 1 day.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* May 18 1886

*Undertaker,* I. D. Lauster

*Place of Business.* 115 N. Eden St *Address,* 13 Caroline

J. H. Griffith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the questions below, and to list of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 9172 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* MAY 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hudson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 4 *Years,* —— *Months.* — *Days*

*Color,* African

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ×

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md —

*Duration of Residence in the City of Baltimore,* 18 yrs.

*Place of Death,* {Give Street and Number.} 38 Watson St

*Cause of Death,* First (Primary), Carcinoma of the Uterus

Second (Immediate), Debility.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Rock Creek Anne Arundel Co

*Date of Burial,* May 20th

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Balto St

W. H. B. Sellman M. D
Medical Attendant.

*Address,* 46 W. Biddle St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4196 Hansel

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91723 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hafel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Sixty-Seven *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Fifty Years

*Place of Death,* {Give Street and Number.} 213 Williams St

*Cause of Death,* First (Primary), Bronchio-Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Catharine

*Date of Burial,* May 19

*Undertaker,* B. F. Hall

*Place of Business,* 62 Hart St

D. E. Lavery A. Gaulay M. D.

Medical Attendant.

*Address,* 33 Lavery St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9172 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAY 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Sheridan

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tanner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} Mrs Barnes Factory

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* May 18

*Undertaker,* B. Hurl

*Place of Business,* 52 West St

Dr A Cooke M. D.
Medical Attendant.

*Address,* 110 Fort ar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91725 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Le

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 14 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 6 N. 108 North St.

*Cause of Death,* First (Primary), Infantile convulsions

Second (Immediate)

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* May 18th

*Undertaker,* John J Cowan

*Place of Business,* 8 G Hollins St

Wm H. Goldsmith M. D.
Medical Attendant.

*Address,* Columbia Ave & Thames Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91726 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Fischer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* ... *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No. 124 S Monument St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 17 days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cem

*Date of Burial,* May 19

*Undertaker,* W. L. Apple

*Place of Business,* 151 S Broadway

... *M. D.*
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9177 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Gray

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Telegraph operator

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 9 N. Arlington av

*Cause of Death,* First (Primary),

Second (Immediate), Consumption of Lungs

*Duration of Last Sickness,* about 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 20 May

*Undertaker,* M Z House

*Place of Business,* Saratoga & Amt *Address,* 582 W Lafayette

W R McKnew M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91738 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph G. Wilmering

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 8 *Months.* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 224 Chestnut Alley

*Cause of Death,* First (Primary), Membranous Croup

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* May 18 1886

*Undertaker,* C Ramberger

*Place of Business,* 70 Monroe *Address,* 188 Franklin

J. H. Keller, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91729 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann April

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 86 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~281 N. Eden st.~~ Delaware, U.S.

*Duration of Residence in the City of Baltimore,* 20 years or more

*Place of Death,* {Give Street and Number.} 281 N. Eden st.

*Cause of Death,* First (Primary), Paralysis of Heart

Second (Immediate), .....

*Duration of Last Sickness,* Not a minute

All the above information should be furnished by the Physician.

*Place of Burial,* Middletown Del.

*Date of Burial,* May 19th

*Undertaker,* J. R. Ivell

*Place of Business,* 131 Hanover *Address,* 305 N. Caroline st.

Geo. A. Nartwait M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4197 Fawcett

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91730 *Office of Registrar of Vital Statistics.* Ward 17½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Lyons

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* 4 *Months,* 22 *Days*

*Color,* White

*~~Married, Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Dung Life

*Place of Death,* {Give Street and Number.} 528 S. Charles

*Cause of Death,* First (Primary), Typho-Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* May 19th 1886

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw St

O. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Fort Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91731 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Ritchie

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Nine *Years,* — *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* Entire.

*Place of Death,* {Give Street and Number.} 197 Montgomery St

*Cause of Death,* First (Primary), Stenosis of Mitral Valve, with Hypertrophy

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cem

Cor Fremont & Lombard

*Date of Burial,* May 18th 1886

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St

W. E. Lawrence Bond M. D.
Medical Attendant.

*Address,* 33 Camden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

# Board of Health, City of Baltimore.

Permit No. 91732 *Office of Registrar of Vital Statistics.* Ward 12 "C"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BRANCH OFFICE NO. 1, MARYLAND AVE. BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Found dead in her room May 18th 1886 at 6 o'clock A.M. having retired at 10 o'clock the night before.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Tully.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days.*

*Color,* White. Irish

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Sewant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Three years

*Place of Death,* {Give street and Number.} At Mr John A McFadden's John's St. # 156

*Cause of Death,* First (Primary), Suffocation from Gas escaping -

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* May 19 1886.

*Undertaker* J. B Cook,

*Place of Business,* 407 W. Balto St. *Address,*

L. L. Spanow M. D.

~~Medical Attendant.~~ Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91733 *Office of Registrar of Vital Statistics.* Ward 13½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Eliza Steele

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 26 Scott

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* May 19/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto

Medical Attendant. Edwd F. Millward M.D.

*Address,* 283 W. Lanvale

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9173 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MD. BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Parr

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 28 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give Street and Number.} 441 N Gay St

*Cause of Death,* First (Primary), Acute Phthisis

Second (Immediate),

*Duration of Last Sickness,* 11 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* May 21st, 1886

*Undertaker,* A Stenk & Son

*Place of Business,* 461 N Gay St

M. D.

Medical Attendant.

*Address,* 2 N. Broadway,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9735 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 14 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Turner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 22 *Years,* ——— *Months,* ——— *Days*

*Color,* Bl. W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Syphilis

Second (Immediate), Cirrhosis of liver & Ascites

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cemetery

*Date of Burial,* May 19 1886

*Undertaker,* Wm. J. Smyser

*Place of Business,* 62 East St

Nellie L. Lewis M. D.
Medical Attendant.

*Address,* City Hospital.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9736 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kabal

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 11 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 12 Abbot-st.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. A Johnsus cem

*Date of Burial,* May 19th 1886

*Undertaker,* F. Crach

*Place of Business,* 242 N. Durham *Address,* 2224 Broadway

Chas. B. Fugh M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21737 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia E. Cramblitt.

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Sixty nine *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* Larger part of life.

*Place of Death,* {Give Street and Number.} No 93 North Stricker St.

*Cause of Death,* First (Primary), Malarial Fever, Ill health for a long time.

Second (Immediate), Paralysis, Hemiplegia.

*Duration of Last Sickness,* About three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* May 20th 1886

*Undertaker,* L. Lewis Schaefer

*Place of Business,* 109 W Fremont Address, No 145 N. Carey St.

E. Ridgely Hammond M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91738 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18 '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Struven

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 62 *Years,* 10 *Months,* — *Days*

*Color,*

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 808 W Baltimore St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Asthenia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* 20th May

*Undertaker,*

*Place of Business,* 66 Gay St.

Medical Attendant. M. D.

*Address,* 25 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91739 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Schaefer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* three *Years,* seven *Months,* ten *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 103 Lemon St

*Cause of Death,* First (Primary), Meningitis Spinalis

Second (Immediate),

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* May 21st 86

*Undertaker,* J. H. P. Sands

*Place of Business,* 66 Fred. Ave

Municipal M. D.
Medical Attendant.

*Address,* 221 N. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91740 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Peterson

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 48 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia 33 years

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} 60 E Lombard Street

*Cause of Death,* First (Primary), Cancer of breast

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* May 19 1896

*Undertaker,* James D Byrne

*Place of Business,* No 63 n Grant St *Address,* 211 N Howard Street

L F Reinhard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9174 / *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Scanlon

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 18 ~~yrs~~ *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Three years

*Place of Death,* {Give Street and Number.} Balto. Infirmary

*Cause of Death,* First (Primary), Operation for Sarcoma tibia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* May 20 1886

*Undertaker,* Jos A Byrne

*Place of Business,* 63 Fremont

Dr Michael M. D.
Medical Attendant.

*Address,* N Madison Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9174 2 *Office of Registrar of Vital Statistics.* Ward 8 "1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Sarah Haynes

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 8 E. Biddle st

*Cause of Death,* First (Primary), Measles

Second (Immediate), Congestion of Lungs

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 20. 1886

*Undertaker,* Henry Hoen

*Place of Business,* 304 N Central ave

O. S. Mahan M. D.
Medical Attendant.

*Address,* 136 n Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d... the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni... twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting fo... the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, a... and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 91743 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kane

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 60 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 512 Hanover St

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Heart Failure

*Duration of Last Sickness,* Suddenly

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* May 20th 1886

*Undertaker,* Daniel Flynn

*Place of Business,* 109 West St

J C Bunch M. D.
Medical Attendant.

Address, 15 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 917 4 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jaison

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 57 *Years,* ——— *Months,* ——— *Days*

*Color,* Black

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} V

*Occupation,* Grocer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 36 yrs

*Place of Death,* {Give Street and Number.} 38 Davis St

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate), Anaemia & Collapse

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 20

*Undertaker,* Samuel H Cole

*Place of Business,* 145 S Howard *Address,* 1 Edmondson ave

J H Buchanan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 91743 *Office of Registrar of Vital Statistics.* Ward 16½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alcesa Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 79 *Years,* — *Months.* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Wagoner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot co Md

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* {Give Street and Number.} # 142 Henrietta st

*Cause of Death,* First (Primary), Old age

Second (Immediate), Paralysis

*Duration of Last Sickness,* 1 Mo

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 19

*Undertaker,* Samuel H Ellis

*Place of Business,* 1131 Monument

R. C. Lee M. D.
Medical Attendant.

*Address,* Hanover st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 91746 *Office of Registrar of Vital Statistics.* Ward 11 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* May 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Hart

*Sex, Male ~~or Female~~.* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* *Days.*

*Color,* Colored

*~~Married, Single,~~ ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 2 years & 3 months

*Place of Death,* {Give street and Number.} 50 Little Monument St,

*Cause of Death,* First (Primary).

Second (Immediate). Measles

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 19th 1886

D. Yingling, M. D.
Medical Attendant.

*Undertaker* W. N. Bishop & Co

*Place of Business,* 97 Division Ave Address, 152½ N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9174 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 5th mo 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth G Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 72 *Years,* *Months,* *Days*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 72 years

*Place of Death,* {Give Street and Number.} 34 St Mary's St

*Cause of Death,* First (Primary), Inflammation Stomach & Bowels

Second (Immediate),

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* May 20th 1886

C. H. Riley M. D.

Medical Attendant.

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St Address, 306 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91748 *Office of Registrar of Vital Statistics.* Ward 19 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Kelly

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days*

*Color,* Cold

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 4 Cairo st. near Monk

*Cause of Death,* First (Primary), Marasmus –

Second (Immediate),

*Duration of Last Sickness,* 4 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Catonsville. Md.

*Date of Burial,* May 21st 1886 J Harvey Hill M. D.

Medical Attendant.

*Undertaker,* Alf Hemsley

*Place of Business,* 116 Orchard *Address,* 127 Arlington Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 91749 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie F Baily

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months.* *Days*

*Color,* Coey

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 1½ yr

*Place of Death,* {Give Street and Number.} 172 South Ann St

*Cause of Death,* First (Primary), Bronchopneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 19 1886

*Undertaker,* Hercules Ross

*Place of Business,* 46 Eastern Ave

J H Branham M. D.
Medical Attendant.

*Address,* 1 E Monument Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21759 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18 — 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Samuel Reed~~ Robt. Reid

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days*

*Color,* Wht.

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Scotland 11

*Duration of Residence in the City of Baltimore,* 6 years.

*Place of Death,* {Give Street and Number.} No. 176 W. Falls Ave. on Schooner Morse

*Cause of Death,* First (Primary), Heart trouble

Second (Immediate), —

*Duration of Last Sickness,* Instant death.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemy

*Date of Burial,* May 19-1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Dept Address, Coroner.

Alexander Hill, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91757 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Jones

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 104 N. Eden St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 104 N. Eden St

*Cause of Death,* First (Primary), .....

Second (Immediate), Premature Birth

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 19th

*Undertaker,* Eco Schilling

*Place of Business,* 7th and Eden *Address,* 137 Eden St

J. J. Gross M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 21752 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mullett

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give Street and Number.} 338 S. Eutaw St.

*Cause of Death,* First (Primary),

Second (Immediate), Chron. Inflam. of Stomach & Bowels

*Duration of Last Sickness,* 2 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Cemetery Philadelphia Road

*Date of Burial,* May 21st

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Ave

J. H. C. Cuddy, M. D.
Medical Attendant.

*Address,* 137 N. Carrollton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Side of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91753 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis S Emmel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* 5 *Months,* — *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 42 Stockton St

*Cause of Death,* First (Primary), Indigestion

Second (Immediate),

*Duration of Last Sickness,* 2 — months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* May. 20.

*Undertaker,* Walter Emmel

*Place of Business,* 315 N. Biddle St *Address,*

A J Hauck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 91757 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnus Bury

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* Eight *Years,* ~~Months,~~ seven *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md"

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 100 St Peters St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Pericarditis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* May 20th

*Undertaker,* Jos. Joenders & Son

*Place of Business,* 59 N. Schroeder St

H. Bleof Smith M. D.,
Medical Attendant.

*Address,* 205 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91755 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* May 19, 1886

*Undertaker,* Hammond Lake

*Place of Business,* Division St.

R. H. Goldsmith, M. D.
Medical Attendant.

*Address,* Madison & Chase

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91756 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 5 *Months,* —— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Infant asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* May 19. 1886

*Undertaker,* Harwood Lake

*Place of Business,* Division St.

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem Av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91757 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Helen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 353 Jefferson St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), .....

*Duration of Last Sickness,* Seven Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphantius Cimetery

*Date of Burial,* May 19/ 86.

*Undertaker,* Frank Coach

*Place of Business,* 249 N Durham *Address,* .....

Henry E. Demuth M. D.
Medical Attendant.

249 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 91758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* May 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas E Vaughn

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Carriage Painter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} Balto City Jail

*Cause of Death,* First (Primary,) Intemperance & Exposure

Second (Immediate,) Acute Pulmonary Consumption

*Duration of Last Sickness,* thirty nine days

All the above information should be furnished by the Physician.

*Place of Burial,* E Balto Cemetery

*Date of Burial,* May 19 1886

D. D. Hoffman M. D.
Medical Attendant.

*Undertaker,* Geo E Rinehart

*Place of Business,* Health Office *Address* 279 West Pratt

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

For

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91759 *Office of Registrar of Vital Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bardhel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 395 Orleans St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cath Redeemer

*Date of Burial,* May 20 86

*Undertaker,* H Rehmann

*Place of Business,* 123 E. Lombard St *Address,* 344 W Balt St

H Collins, *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 91760 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Morris

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 87 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} √

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Fifty years

*Place of Death,* {Give street and Number.} Jef. Hospital

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) .....

*Duration of Last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* Chr. Hebrew

*Date of Burial,* May 21st 1886

*Undertaker,* Chas. Shine

*Place of Business,* C C & Balto

S. W. Feldner M. D.,

per B. A. Rawlins Medical Attendant.

*Address,* Jefferson Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9176 / *Office of Registrar of Vital Statistics.* Ward 2 11/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Alexander Saun

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 234 South Dallas

*Cause of Death,* First (Primary), Measles

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* May 20th 1886

Chas. B. Reynolds M. D.
Medical Attendant.

*Undertaker,* H. L. Sander & Son

*Place of Business,* 252 Baltimore St *Address,* 71 N. Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91762 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Murray

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give Street and Number.} 9 W. Lombard St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Delirium Tremens

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* May 20th 1886

*Undertaker,* Henry H. Mears

*Place of Business,* #22 W. Fayette St *Address,*

Jno. Bruce Baylor M. D.
Medical Attendant

**Extract from Regulations of the Board of Health, to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 21763 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Rauh

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} - - - - -

*Occupation,* - - - - -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 359 Alice Anna St

*Cause of Death,* First (Primary), Trismus & Tetanus x Sea Foreign

Second (Immediate), - - - - - -

*Duration of Last Sickness,* Three (3) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* May 19th 86

*Undertaker,* G. France

*Place of Business,* Grant & Wolfe Address, 1710 E Eager Fayette

C. W. Lauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9176 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Meisenhelder

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 2 *Years,* 2 *Months,* 1 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 94 N. Washington st

*Cause of Death,* First (Primary), Rubeola

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Johnsons Cem.

*Date of Burial,* May 20th 86

*Undertaker,* G. Franz

*Place of Business,* Bantz & Wolfe

C. L. Leech M. D.
Medical Attendant.

*Address,* 325 E. Balto

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21765 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levinia Perry

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Three *Years,* 6 *Months.* 0 *Days*

*Color,* Dark brown

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore.* 3 years & 6 months

*Place of Death,* {Give Street and Number.} No 7 Mulberry Court

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Convulsions

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* May 20 1886

*Undertaker,* Hercules Rogers

*Place of Business,* 75 Conway St

Benj L Bohn M. D.
Medical Attendant.

*Address,* Cor Mulberry & Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 91766 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 18th May 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* *Months,* 9 *Days*

*Color,* colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 187 S. Howard St.

*Cause of Death,* First (Primary),

Second (Immediate), Clonic-Spasm

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lyons St Cemetery

*Date of Burial,* May 20 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Eastern Ave

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21767 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Coates

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Entire time

*Place of Death,* {Give Street and Number.} 103 Warren St

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis Cerebral

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 20

*Undertaker,* A Ross

*Place of Business,* 15 Conway St

Howard Cook M. D.
Medical Attendant.

*Address,* 11 E Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91768 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Parkus

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 52 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 11 Years

*Place of Death,* {Give Street and Number.} Hebrew Hospital

*Cause of Death,* First (Primary), Carcinoma Hepatis ?

Second (Immediate), Marasmus

*Duration of Last Sickness,* Cannot say definitely

All the above information should be furnished by the Physician.

*Place of Burial,* Fell Point Cemetery

*Date of Burial,* May 20

*Undertaker,* L. Ahrens

*Place of Business,* 7 & Fleet

L. W. Stoner M. D.
Medical Attendant.

*Address,* [illegible] Bayview Farline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 91769 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 18 — 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albertina Rasch

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 9 *Months.* 1 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia Four Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 299 N Durham St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* Supposed

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* May 20 / 96

*Undertaker,* Frank Enoch

*Place of Business,* 246 N Durham St *Address,* [illegible]

E. A. Pascal M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91770 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Naomi Parlett.

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Three *Years,* *Months,* *Days*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 76 N Front St.

*Cause of Death,* First (Primary), Pneumonia (Catarrhal)

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Three months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* May 30 1886

*Undertaker,* Jas. O'Byrne

*Place of Business,* 63 Hanover

F. Wolcheimbus M. D.
Medical Attendant.

*Address,* 133 N Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 9177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19 Th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew S. Roberts

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

*Age,* Seventy five *Years,* Nine *Months,* One *Day.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England 59 yrs.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 256 Aisquith St

*Cause of Death* First, (Primary,) Senility

Second, (Immediate,) Exhaustion from Diarrhoea

*Duration of last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 21st

W. C. Ireland M. D.
Medical Attendant.

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square *Address,* 258 N Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21772 — *Office of Registrar of Vital Statistics.* — Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday May 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Gertrude Worthen

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 347 Ramsey st.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* May 21/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balt st.

L. D. Morris M. D.
Medical Attendant.

*Address,* 538 N Fayette st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91773 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie V. Hoyle

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 165 Dover St.

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Bronchitis (Capillary)

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* N. Patrick Cemetery

*Date of Burial,* May 20 1886

*Undertaker,* Henry H. Mears

*Place of Business,* #22 W. Fayette St

F. H. Moyer M. D.

Medical Attendant.

*Address,* 1 S. Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9177 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Gibson

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* 1 *Months,* 18 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 30 Jefferson st

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* May 20th 1886

*Undertaker,* John E Grace

*Place of Business,* 142 S Caroline *Address,* [illegible] M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McKeown Sanitary Inspector

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9775 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward L. Schultheis

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* 13 *Days*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 231 S. Broadway

*Cause of Death,* First (Primary), Syphilitic Struma

Second (Immediate), Marasmus

*Duration of Last Sickness,* 5 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Meadow

*Date of Burial,* May 21st 1886

*Undertaker,* Geo Norris

*Place of Business,* Same

Kurt Seyferth M. D.
Medical Attendant.

*Address,* Bal. U. H. 233 E. Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following certificate

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

*Office of Registrar of Vital Statistics.* Ward 2

Permit No. 21775

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward G Schultheis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 Years, 1 Months, 13 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 231 S Broadway

*Cause of Death,* First (Primary), Scrofula

Second (Immediate), Marasmus

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels Cem

*Date of Burial,* May 21st 1886

*Undertaker,* Jas A Slemons M. D.

*Place of Business,* Health Office *Address,* Cor No & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry McKeever
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21776 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Healy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* From birth time

*Place of Death,* {Give Street and Number.} 372 S Eutaw St

*Cause of Death,* First (Primary), .....

Second (Immediate), Meningitis (Tuberculous)

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* May 21

*Undertaker,* J. Hartl

*Place of Business,* 82 West

Thomas Cook M. D.
Medical Attendant,

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9177 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Meyer

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give Street and Number.} Eby. & Allabaugh

*Cause of Death,* First (Primary), Softening of the Brain

Second (Immediate), Paralysis

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* May 21

*Undertaker,* B. H. Park

*Place of Business,* 82 West St

Howard Corte M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91778 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday May 19th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie L Callahan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} Maryland General Hospital No 25 & 27 Linden Ave

*Cause of Death,* First (Primary), Abscess & Cellulitis of the above the Right Mammary Gland

Second (Immediate), Septicaemia

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* May 21st

*Undertaker,* H C Warfield

*Place of Business,* 101 Fremont

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Law St & Forest Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9179 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 150 N. Dallas st.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury, Evergreen Cemetary

*Date of Burial,* May 21

*Undertaker,* John E. Grace

*Place of Business,* 162 South Carolina St.

Edwin B. Jenby M. D.
Medical Attendant.

*Address,* 283 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91780 *Office of Registrar of Vital Statistics.* Ward 11/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Friday 1986

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin A. Farrell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* ~ *Months,* ✓ 4 *Days*

*Color,* ed

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 40 Little Monument Pl

*Cause of Death,* First (Primary), Premature Birth (7 mths)

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* May 20 '86

*Undertaker,* Morgan & Pyle

*Place of Business,* 9 Mulberry St *Address,* Court 6-8 E

James A Steuart M. D.
~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Sheet.

# Board of Health, City of Baltimore,

Permit No. 9178 / *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

8

*Date of Death,* May 20 4 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Roberts

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* 2 *Months,* — *Days.*

*Color,* Mulatto

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and Number.} 42 Dover St

*Cause of Death,* First (Primary), Malaria fever and

Second (Immediate), ~~Inf~~ Enteritis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Elmer Landen

*Date of Burial* May 21 1886

*Undertaker* Hercules Ross

*Place of Business,* 45 Canary St

Chas F. Heuer M. D.
Medical Attendant.

*Address,* 68 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91782 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M Love

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 2 *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 106 Hanover st

*Cause of Death,* First (Primary), Pneumonia Typhoid

Second (Immediate),

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Hebrew Congregation

*Date of Burial,* May 21st

*Undertaker,* Fitz. Trall

*Place of Business,* 131 Hanover St, *Address,* 101 Barre

H. W. Webb M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91783 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rinehardt

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 96 Fred R ave

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* May 21st 86

*Undertaker,* Jos L Pauls

*Place of Business,* 66 Fred Ave *Address,* 319 Hollins Ave

James J Brady M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21784 *Office of Registrar of Vital Statistics.* Ward 6 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 19. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 66 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 155 N. Eden St

*Cause of Death,* First (Primary), Erysipelas (head)

Second (Immediate), Congestion of the Brain

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* May 20 1886

*Undertaker,* S H Clark

*Place of Business,* 198 Howard

Francis A. Sauer M. D.
Medical Attendant.

*Address,* 105 N. Central Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 91785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* May 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry L. D. Hunt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 8 *Months,* 21 *Days.*

*Color,* White *Sex,* ~~Female~~

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* ~~Child~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 543 E. Fayette E

*Cause of Death,* First (Primary,) ..... Second (Immediate,) Consumption

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* May 23rd 1886

J. J. Gross M. D.
Medical Attendant.

*Undertaker,* Denny & Butcher *Address* 137 Biddle E

*Place of Business,* 65 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21786 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest L Timm

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 7 *Months.* 0 *Days*

*Color,* Light Copper

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore.* 7 Months

*Place of Death,* {Give Street and Number.} No 330½ Mulberry st

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Congestion from Measles one Week

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lutheran Cemetery

*Date of Burial,* May 21 1886

*Undertaker,* William Berger

*Place of Business,* 62 East 4th

Benj F Bolton M. D.
Medical Attendant.

*Address,* Cor Mulberry & Greene

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9178 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 5/20/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Bacon

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 26 *Years,* *Months,* *Days*

*Color,* B

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} M

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore St

*Duration of Residence in the City of Baltimore,* 26 yrs

*Place of Death,* {Give Street and Number.} 6 Blind John's Court

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpes Cemetery,

*Date of Burial,* May 22 1886

*Undertaker,* Wm. H. Bourge

*Place of Business,* 62 East St *Address,* 467 Fayette

L. L. Bettis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 61788 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace McWilliams

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* 7 *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Portland Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 622 S. Medina Alley

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* May 22. 1886

*Undertaker,* Hodges & Sons

*Place of Business,* 952 Canton Ave *Address,* 56 Eliza St

E. J. Williams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21789 *Office of Registrar of Vital Statistics.* Ward 6 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Peters

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 10 mos

*Place of Death,* {Give Street and Number.} No 7 A. Chester Street

*Cause of Death,* First (Primary), Accumulation Gas

Second (Immediate), Asphyxia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* May 21 th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann

Ethel Rutledge M. D.
~~Medical Attendant~~ Coroner

Address 141 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21790 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HARRY C. BARTHOLOW
MAY 21 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Murray

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 9 W. Lombard St.

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* May 21st 1886.

Chas. Bonnell Bayly M. D.
Medical Attendant.

*Undertaker,* Henry K. Mears

*Place of Business,* 422 N. Gay St. *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91791 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agatha Jeck

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 55 *Years,* four *Months,* two *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* House work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany (29 years)

*Duration of Residence in the City of Baltimore,* 29 years.

*Place of Death,* {Give Street and Number.} 11 E 158 E. Baltimore st

*Cause of Death,* First (Primary), Erysipelas of right leg

Second (Immediate), Oedema of the glottis

*Duration of Last Sickness,* six days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* May 22 86

*Undertaker,* H. Hafemann

*Place of Business,* 63 N. Eden st *Address,* 42 S. Eden st

L Ahrnbrust M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 91792 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Anthony

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* Col'd

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

*Duration of Residence in the City of Baltimore,* 13 yrs

*Place of Death,* {Give Street and Number.} 10 Winter pl

*Cause of Death,* First (Primary), Rheumatism Morbus

Second (Immediate), ~~Laryngitis~~ Pneumonia

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount St Cemetery

*Date of Burial,* May 22 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 East Way St

R. K. D. Ellis M. D.
Medical Attendant.

*Address,* Penn & Mulberry Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91793 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED MAY 21 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* May 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Berry

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 287 Forest St

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* about 2 mos

All the above Information should be furnished by the Physician.

*Place of Burial,* London Park Cy

*Date of Burial,* May 23 1886

*Undertaker,* Jos L Byrne

*Place of Business,* 63 Fremont Address, 201 Madison Ave

D L Thiess M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9792 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Houck

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 36 North St.

*Cause of Death,* First (Primary), O

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* May 22/86

*Undertaker,* J. B. Cook

*Place of Business,* 7 or W. Balto. *Address,* 550 [illegible]

J. D. Morris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 91795 — *Office of Registrar of Vital Statistics.* — Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Welsh

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 2 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} --

*Occupation,* - -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* - - -

*Place of Death,* {Give Street and Number.} 85 Point Lane

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate),

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* May 21 1886

*Undertaker,* H. M. Hickman

*Place of Business,* 234 E. Gay St

Jn B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Preston st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 91796 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. D. Dobbs

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 2 Months

*Place of Death,* {Give Street and Number.} Keyser St. near Washington

*Cause of Death,* First (Primary), Medullary Cancer

Second (Immediate),

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial* May 22 1886

*Undertaker,* W. H. Hickman

*Place of Business,* 234 N. Gay St. *Address,* 283 N. Eden St.

Edwin B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 91797 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria L. Wardell

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 59 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem

*Date of Burial,* May 21. 1886.

C. W. Mitchell M. D.
Medical Attendant.

*Undertaker,* Wm. H. Hickman

*Place of Business,* 284 N. Gay *Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Di... of Di...

# Health Department, City of Baltimore.

Permit No. 21798 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20 & 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Demarest (Demarest)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* 11 *Months,* 27 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} York Penna

*Duration of Residence in the City of Baltimore,* 6 Yr

*Place of Death,* {Give Street and Number.} 571 Druid Hill Ave

*Cause of Death,*
First (Primary), Inflammation of bowels
Second (Immediate), Probably perforation of Intestines

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* York Penna

*Date of Burial,* May 22d 1886

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont St *Address,* 571 Druid Hill Ave

Chas E Sadler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

420 Fremont

No. 7 7

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91799 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 5/20/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phil L. Southkoff

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 77 *Years,* ..... *Months.* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* 77 yrs

*Place of Death,* {Give Street and Number.} 130 Mulberry St

*Cause of Death,* First (Primary), Brights Disease

Second (Immediate), —

*Duration of Last Sickness,* " 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* May 22/86

*Undertaker,* L. L. Schaefer

*Place of Business,* Fremont St. *Address,* 42 Fayette

L. Gittins M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91800 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Shaner

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 70 *Years,* *Months,* 16 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give Street and Number.} 287 Aliceanna st

*Cause of Death,* First (Primary), General Debility, old age

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* May 23th 1886.

*Undertaker,* Peter Frey

*Place of Business,* 91 Eden ave

C. L. Dorsch M. D.

Medical Attendant.

*Address,* 325 E. Baltimore st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 91801 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank M. Dunn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 11

*Place of Death,* {Give Street and Number.} 121 N. Paca

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Convulsions

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem

*Date of Burial,* May 23rd 86

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 Eutaw St

Edw'd F. Michael M. D.
Medical Attendant.

*Address,* 283 N. Paca

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# Board of Health, City of Baltimore,

Permit No. 91802 *Office of Registrar of Vital Statistics.* Ward 12 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Dec~~ May 20/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Hoff

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 87 *Years,* *Months,* *Days,*

*Color,* white

*~~Married, Single,~~ Widow or ~~Widower,~~* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Connecticut

*Duration of Residence in the City of Baltimore,* Several Months

*Place of Death,* {Give street and Number.} No. 1 Laurens St

*Cause of Death,* First, (Primary,) Old age.

Second, (Immediate,) Debility

*Duration of Last Sickness,* Cannot say

All the above Information should be furnished by the Physician.

*Place of Burial,* Manchester Conn.

*Date of Burial,* May 21/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St.

H. R. Fetterhoff M. D.
Medical Attendant.

Address, 227 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

4202

No. 9[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi[illegible]**

# Health Department, City of Baltimore.

**Permit No.** 9/803 *Office of Registrar of Vital Statistics.* **Ward** 2 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 2 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Hirt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* [illegible] *Years,* [illegible] *Months,* [illegible] *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* [illegible]

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} [illegible]

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give Street and Number.} [illegible]

*Cause of Death,* First (Primary), [illegible]

Second (Immediate), [illegible]

*Duration of Last Sickness,* [illegible]

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* May 2, 86

*Undertaker,* Frank. Krach

*Place of Business,* 249 N. Durham *Address,* [illegible]

[illegible] *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 91804 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hatty P. Shipkeyding

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 15 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 245 Columbia ave

*Cause of Death,* First (Primary), Stopping Cough

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 23

*Undertaker,* Jos. H. B Cook

*Place of Business,* 707 W Baltimore

B. L. Phillips M. D.
Medical Attendant.

*Address,* 310 N Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi[ficate]

# Health Department, City of Baltimore.

Permit No. 9180S *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Tilley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 22 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* House work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 3 Dawson Alley

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), .....

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 23 1886

*Undertaker,* Hercules Ross

*Place of Business,* 24 Centre St

Jno D Hall M. D.
Medical Attendant.

*Address,* 603 Pacific

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 91808 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Kilmeyer August. Kilmeyer & Parents
Louisa

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 263 N. Fremont Ave

*Cause of Death,* First (Primary), Gastritis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* May 22nd

*Undertaker,* H. W. Frell

*Place of Business,* #134 Hanover *Address,* 12 Arlington Ave

[signature] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 73

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21807 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cooper

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 98 *Years,* ~~Months~~, ~~Days~~

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Austria

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give Street and Number.} No 97 Thames St

*Cause of Death,* First (Primary), Brights Disease

Second (Immediate), Paralysis

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 23rd 86

*Undertaker,* G. Krance

*Place of Business,* Bank & Wolfe Sts

Thomas B Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91808 *Office of Registrar of Vital Statistics.* Ward 4/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21st 1886 - 6 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick B. Young

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Foreman Composing room Sun Office

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Delaware, October 26th 1810.

*Duration of Residence in the City of Baltimore,* Since 1838

*Place of Death,* {Give Street and Number.} 42 S High St

*Cause of Death,* First (Primary), Softing of Brain

Second (Immediate), Apoplexia

*Duration of Last Sickness,* Nearly two years

All the above information should be furnished by the Physician.

*Place of Burial,* Bal[illegible] Cemetery

*Date of Burial,* May [illegible]st 1886

*Undertaker,* Jas O'Byrne

*Place of Business,* Front st

Alex Whitney M. D.
Medical Attendant.

Address, 88 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7950

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21809 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21 st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 6 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 257 Orleans St

*Cause of Death,* First (Primary), Tetanus Lock Jaw

Second (Immediate), .....

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 22nd 86

*Undertaker,* T H Keeks

*Place of Business,* 1 1/2 Jefferson *Address,* 2 1/2 E Balto St

James E Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91810 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21. 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry R. Upperman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore - since birth.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 90 Parkin St -

*Cause of Death,* First (Primary), Pneumonia Double

Second (Immediate), Exhaustion. -

*Duration of Last Sickness,* 12 days. -

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* May 23/96

*Undertaker,* J. B. Cook

*Place of Business,* 707 20 13 Balto *Address,* 282 W. Lombard

A. Lloyd M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91811 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josie Smith

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* ——— *Months* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 560 West Fayette St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate) Laryngeal of Lungs

*Duration of Last Sickness,* Over Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* May 22 1886

*Undertaker,* Deering & Mitchell

*Place of Business,* 330 W Fayette

C. J. Jones M. D.
Medical Attendant.

*Address* 560 W Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7812

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 9812 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. N. Locher

*Sex, Male or ~~Female~~* {Cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} East City

*Duration of Residence in the City of Baltimore,* Most of his life

*Place of Death,* {Give Street and Number.} N. 163 Carrollton Ave

*Cause of Death,* First (Primary), Laryngeal Phthisis

Second (Immediate), Phthisis Pulmonalis.

*Duration of Last Sickness,* Cannot say Was only Called in

All the above information should be furnished by the Physician. Three days before death

*Place of Burial,* Green Mount Cem.

*Date of Burial,* May 22nd 1886

*Undertaker,* D. Edney & Mitchell Thomas Shearer M. D.

Medical Attendant.

*Place of Business,* 50 N. Fayette St *Address,* 197 W. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7015

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91813 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22nd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Sanders

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 Y 0 *Years,* 4 *Months,* 22 *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ohio

*Duration of Residence in the City of Baltimore,* 4 M 2 D

*Place of Death,* {Give Street and Number.} 3 Warren ave

*Cause of Death,* First (Primary), Pleuro-pneumonia

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* May 24th 1886

*Undertaker,* Christian & McCann

*Place of Business,* 263 Light *Address,* Franc & Mulberry sts

Robt P Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9181 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza E Brown

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give Street and Number.} 138 Ridgley St

*Cause of Death,* First (Primary), Pulmonary Tuberculosis

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* May 23d 1886

J H Kinney M. D.
Medical Attendant.

*Undertaker,* Armstrong Denny

*Place of Business,* 263 Light *Address,* 76 Lee St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 9[illegible]

# Health Department, City of Baltimore.

Permit No. 91815

## Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* May 20/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Porter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} 1 White Alley

*Cause of Death,* First (Primary), Consumption

Second (Immediate), —

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Lebanon

*Date of Burial,* May 22/86

*Undertaker,* H. P. Rose

*Place of Business,* Conway St

*Address,* [illegible] M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 7[illegible]

# Health Department, City of Baltimore.

Permit No. 91816 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Wm Wheeler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 444 Forest Ave

*Cause of Death,* First (Primary), Congestion of the Brain

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* May 22

*Undertaker,* B. Healy

*Place of Business,* 82 West Pratt *Address,* 146 Hanover St

Thomas Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9181

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 9181 7 *Office of Registrar of Vital Statistics.* **Ward** 16 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wallace Jackman (Frasperman)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Switzerland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} 185 N Paca St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* May 23

*Undertaker,* B. Kaca

*Place of Business,* 87 West

Thomas Cook M. D.
Medical Attendant.

*Address,* 1402 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91818 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 70 ~~68~~ *Years,* ~ *Months.* ~ *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dublon Ire

*Duration of Residence in the City of Baltimore,* 68 Years

*Place of Death,* {Give Street and Number.} 407 N. Fremont

*Cause of Death,* First (Primary), Bilious Colic

Second (Immediate), Bright's disease

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's, Govanstown

*Date of Burial,* May 23d

*Undertaker,* H. C. Windefeld

*Place of Business,* 100 Fremont Ave *Address,* 193 Pennsylvania Ave

G W Sims *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7101

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91819 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22/16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malinda Reid

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* — *Months,* — *Days*

*Color,* white

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto County Md

*Duration of Residence in the City of Baltimore,* 7 months

*Place of Death,* {Give Street and Number.} ~~Not~~ 496 Franklin St

*Cause of Death,* First (Primary), —

Second (Immediate), Old Age

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* May 23/16

*Undertaker,* Wm Weaver

*Place of Business,* 202 N. Eutaw

Samuel Sloan M. D.
~~Medical Attendant.~~

*Address,* City H & D

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Ord Ex Brown
Interim

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91820 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Burke

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* ..... *Months,* ..... *Days*

*Color,* W^r

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt^o.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 192 Aisquith Ave

*Cause of Death,* First (Primary), Double Bronchitis

Second (Immediate),

*Duration of Last Sickness,* Twelve days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* May 23d 1886

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 251 Mad Ave

H. Hinkelman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9182

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91821 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 22 1886

## CERTIFICATE OF DEATH.

*Date of Death,* May 21—1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Jansen

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 43 *Years,* — *Months,* — *Days*

*Color,* Wht.

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place;* {State or country, and how long in the United States, if of foreign birth.} Finland

*Duration of Residence in the City of Baltimore,* 10 yrs.

*Place of Death,* {Give Street and Number.} City Hospital.

*Cause of Death,* First (Primary), Frac. Skull from accidental

Second (Immediate), fall from a pile-driver.

*Duration of Last Sickness,* 9 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cem.

*Date of Burial,* May 22

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91829 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21 st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Masters

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tinner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 474 N. Gay St

*Cause of Death,*
First (Primary), Frequent Colds
Second (Immediate), Bright's disease of the Kidneys

*Duration of Last Sickness,* about three weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* May 23. 1886

*Undertaker,* H. H. Kirkman

*Place of Business,* 234 E. Fay St *Address,* 138 N. Broadway

Milton N. Taylor M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

No. 9182

# Health Department, City of Baltimore.

Permit No. 91823 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O. Goldsborough

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give Street and Number.} 1266 E. Fayette St.

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mary's County Md.

*Date of Burial,* May 24th 86

*Undertaker,* G. France

*Place of Business,* Pont & Wolfe Sts. *Address,* 34 S. Broadway

H. Hurtt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4203 Frankl

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9182 4

## Office of Registrar of Vital Statistics.

Ward 24.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* May 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Brady

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 4 a Years, — Months, — Days

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Can-maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give Street and Number.} No. 7. Monumental Court

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 3 months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cem.

*Date of Burial,* May 23rd 86

*Undertaker,* G. Krance

*Place of Business,* Bank & Wolfe Sts. *Address,* 154 E. Balto St.

Wm. H. Norris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause d date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9185 — *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Fredk King

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 17 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 10 S Chapel St.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* May 23d 1886

*Undertaker,* D G. Frame

*Place of Business,* Bank & Wolfe *Address,* 344 E. Baltimore St.

J H Collins M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9186 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda H. Roberts

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} # 153 S. Collington Av.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 9 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* May 23 d 1886

*Undertaker,* John Herring John H. Rehberger M. D.

Medical Attendant.

*Place of Business,* 382 Orleans St *Address,* 243 Alice Anna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9182 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 19th Was found dead upon a lot on West ave near Lanvale st.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* About 2 *Months,* ..... *Days*

*Color,* Black.

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* unknown.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Probably Baltimore

*Duration of Residence in the City of Baltimore,* unknown

*Place of Death,* {Give Street and Number.} Was found upon a lot on West st near Lanvale st.

*Cause of Death,* First (Primary), Probably Marasmus

Second (Immediate), Ex

*Duration of Last Sickness,* unknown.

All the above information should be furnished by the Physician.

*Place of Burial,* West-Pub Cemetery.

*Date of Burial,* May 22/86

*Undertaker,* F. A. Kegelmeier

*Place of Business,* 30 Harlem Ave

Frank J. Flannery M. D. M. D.
Coroner S. D. Medical Attendant.

Address, 404 Dr. Hill Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 9828 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21 et 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Lenz.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* ..... *Months.* ..... *Days*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

*Duration of Residence in the City of Baltimore.* Eighteen months

*Place of Death,* {Give Street and Number.} 27 Bruce st.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Consumption

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* May 22 1886

*Undertaker,* William A Dunges

*Place of Business,* 62 East st

Herman F Heil M. D.
Medical Attendant.

*Address,* 17 N Eutaw st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91829 *Office of Registrar of Vital Statistics.* Ward 1st 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Apr 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Cheney

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months.* 20 *Days*

*Color,* Colk

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore.* 4 Mo 21 days

*Place of Death,* {Give Street and Number.} 11 Castle St.

*Cause of Death,* First (Primary), Congestion of Lungs

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 23 1886

*Undertaker.* Wm Madden

*Place of Business,* 246 East St

C. W. Hoffman M. D.
Medical Attendant.

*Address,* 346 E Balto St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91830 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard R. Farley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* one *Years,* five *Months,* *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Point Care, near Lexington Street

*Cause of Death,* First (Primary), Chronic Bronchitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About eight months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* May 25th

*Undertaker,* Geo. Schilling

*Place of Business,* Pimlico & Monument

Geo. A. Elwell, M. D.
Medical Attendant.

Address, 533 Hanford ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore,

Permit No. 9/831 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Myers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 1 *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and Number.} #5 St Joseph St.

*Cause of Death,* First (Primary), Acute Peritonitis.

Second (Immediate). Syncope

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* May 24 1886

*Undertaker* Henry Hoerth

*Place of Business,* 369 N Central ave

Address, Cor Aisquith & Fayette

Edw. F. Duck, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97832 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Bilz

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Seamstress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty seven years

*Place of Death,* {Give Street and Number.} 69- Somerset St

*Cause of Death,* First (Primary), Inflammation of the Liver

Second (Immediate), Dropsy with Exhaustion

*Duration of Last Sickness,* two weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St Mynonsas Centery

*Date of Burial,* May 24 1886

*Undertaker,* Henry Koch

*Place of Business,* 304 N Central av

J. H. Grimes M. D.
Medical Attendant.

*Address,* 209 Murfeendan

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 97833 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 26 1886

## CERTIFICATE OF DEATH.

*Date of Death,* May 22nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wagner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 42 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} # 46 Leadenhall st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Prostration

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Baltimore~~ Cemetery

*Date of Burial,* May 24

*Undertaker,* Henry Brick

*Place of Business,* Hanover st 81

C. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

No. 1 9

# Health Department, City of Baltimore.

Permit No. 91834

## *Office of Registrar of Vital Statistics.*

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* May 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Weis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 517 Decatur St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* May 24/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto

*Address,* 17 N. Eutaw

Gus Boyer M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21835

## Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* May 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Remma Scott

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 14 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nurse

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Years

*Place of Death,* {Give Street and Number.} 39 Lexington St.

*Cause of Death,* First (Primary), Cerebro Spinal Meningitis

Second (Immediate), Apnoea

*Duration of Last Sickness,* about three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 23 - 1886

*Undertaker,* W. F. Madden

*Place of Business,* 46 East St

Eugene F. Cordell M. D.
Medical Attendant.

*Address,* 86 Park St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91836

## Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

MAY 22 1886 BALTIMORE

*Date of Death,* May 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Stevenson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* 40 Years.

*Place of Death,* {Give Street and Number.} 140 N. Spring St.

*Cause of Death,* First (Primary), Bronchitis & Old age

Second (Immediate), " "

*Duration of Last Sickness,* 2 Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* May 24/ 1886

*Undertaker,* Chas Hensley

*Place of Business,* 116 Orchard Express, 213 N. Eden St.

Edwin B. Fenby M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within venty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause d date of death.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 9183?

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Pratt

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 49 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Coal & wood dealer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Snow Hill Eastern Shore Md.

*Duration of Residence in the City of Baltimore,* Since childhood

*Place of Death,* {Give street and number} 32 Moore's alley Balto. C.

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* May 23d 1886

*Undertaker,* Alex. Hensley

*Place of Business,* 116 Orchard *Address,* 1146 W Biddle St.

F. P. Keller *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce

# Health Department, City of Baltimore.

Permit No. 21838 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 23 1886 BALTIMORE

*Date of Death,* May 22nd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Hy Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 11 *Months.* 0 *Days*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* 11 months

*Place of Death,* {Give Street and Number.} No 3 Pearre Alley

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Convulsions

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* May 23d 1886

*Undertaker,* Alf Housley

*Place of Business,* 116 Orchard St

Benj F Bohrer M. D.
Medical Attendant.

Address, Cor Mulberry & Green sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 91839 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Taylor

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} 89 N. Amity

*Cause of Death,* First (Primary),

Second (Immediate), Consumption of Lungs

*Duration of Last Sickness,* about 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Leonel cemetery

*Date of Burial,* May 23 1886

*Undertaker,* William Brogan

*Place of Business,* 62 East St

W. R. McKenzie M. D.
Medical Attendant.

*Address,* 682 Hampden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Ce**

# Health Department, City of Baltimore.

**Permit No.** 11840 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Dickson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} female

*Age,* 84 *Years,* 4 *Months,* 1 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U.S.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 102 h Howard

*Cause of Death,* First (Primary), old age

Second (Immediate), Cerebral Hemorrhage

*Duration of Last Sickness,* she was taken suddenly ill, and was dead before I reached her about half hour

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* May 23 1886

*Undertaker,* William Stange

*Place of Business,* 62 East 33 *Address,* 84 N Eutaw

A Anderson M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 9184 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William R Moore

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 28 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 1026 Gough St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* May 25 - 96

*Undertaker,* M Cleary & Son

*Place of Business,* 92 S Am *Address,*

W J Gatchell *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...**

# Health Department, City of Baltimore.

**Permit No.** 21842 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 1886 HEALTH DEPT. BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* May 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hillon

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 2 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 513 Aisquith St

*Cause of Death,* First (Primary), Acute Pneumonia

Second (Immediate), Asthenia

*Duration of Last Sickness,* Ten (10) days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathai Cemetery

*Date of Burial,* May 23. 86.

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St. ~~Address~~,

L. Ed. Flower M. D.

Medical Attendant.

Address

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9164 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Habis

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Forty Eight (48) *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Cigar Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty Two (32) Years

*Place of Death,* {Give Street and Number.} No. 103 Jefferson Street

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Consumption

*Duration of Last Sickness,* Five Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* May 23. 86

*Undertaker,* H. Snyder & Son

*Place of Business,* 252 E. Eutaw St. *Address,* No 102 N Broadway

Wm. H. Clendinen, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 776

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91844 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after* the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPT. MAY 23 1886 BALTIMORE MD.

*Date of Death,* May 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Link

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 7 Years

*Place of Death,* {Give Street and Number.} 7 Patapsco St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Church Cem

*Date of Burial,* May 24th 1886

*Undertaker,* Peter Tracy

*Place of Business,* 91 Eden, ave

E. J. Williams M. D.
Medical Attendant.

*Address,* 53 Eden st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer**

# Health Department, City of Baltimore.

Permit No. 9785

*Office of Registrar of Vital Statistics.*

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Boehr

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 242 Montgomery St.

*Cause of Death,* First (Primary), Infantile

Second (Immediate), Convulsions

*Duration of Last Sickness,* unknown

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's

*Date of Burial,* May 24

*Undertaker,* F. J. Keally

*Place of Business,* 82 West St

Burt Smith M. D.

Medical Attendant.

*Address,* 28 S. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert.

# Health Department, City of Baltimore.

Permit No. 9676 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23" 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A. Lauchheimer

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 357 Hanover St

*Cause of Death,* First (Primary), Scarlet Fever

Second (Immediate), Cerebro Spinal Meningitis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* May 24

*Undertaker,* B J Hynes

*Place of Business,* 82 Worth St

Oct. Cooke M. D.
Medical Attendant.

*Address,* 110 Fort ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7 0

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]**

# Health Department, City of Baltimore.

Permit No. 11847 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine E. Gallagher

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 4

*Place of Death,* {Give Street and Number.} 493 Light St.

*Cause of Death,* First (Primary), Morbeola

Second (Immediate), Congestion of lungs

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* May 25

*Undertaker,* B Hall

*Place of Business,* 82 West St

R W P Ellis M. D.
Medical Attendant.

*Address,* Fremont & Hamburg sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...**

# Health Department, City of Baltimore.

Permit No. 91848 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Minnick.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Plumber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 163½ Greenmount Ave

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Haemoptysis

*Duration of Last Sickness,* About 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* May 24th

*Undertaker,* H. C. Windefeld

*Place of Business,* 100 Green'mt

J. H. Robinson M. D.
Medical Attendant.

*Address,* 25 P Green'mt Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9184 9 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Cassidy

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* ..... *Months.* ..... *Days*

*Color,* .....

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} No. 6 Fremont Ave.

*Cause of Death,* First (Primary), Ulcer of the Stomach

Second (Immediate), Asthenia

*Duration of Last Sickness,* I do not know: seen first by me only a few weeks before his death

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* May 24th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 10 Fremont Ave. *Address,* 141 W. Lanvale St.

S. C. Chew *M. D.*
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cert...**

# Health Department, City of Baltimore.

**Permit No.** 97850 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lt Lowes R. Bell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1, *Years,* 10 *Months,* — *Days.*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 4. Kuper Place.

*Cause of Death,* First (Primary), Typho-Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* May 25th '86

*Undertaker,* John D. Lee & Bro

*Place of Business,* 66 Lexington

C. R. Wilson M. D.
Medical Attendant.

*Address,* 537 W Pratt St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 9185 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Winters

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 5 *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 60 S Carrollton av

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Meningitis

*Duration of Last Sickness,* about 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* May 24th/86

*Undertaker,* M. Cadogan

*Place of Business,* 227 Mulberry St *Address,* 582 W Fayette

W. R. McKenzie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 9185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella L. Bullinger

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* ..... *Years,* 5 mo *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 1 Collins Court

*Cause of Death,* First, (Primary,) Catarrhal Infl

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* May 24th 1886

James A. Jackling M. D.
Medical Attendant.

*Undertaker,* M. Cadogan

*Place of Business,* 227 W Baltimore *Address,* 182 Saratoga St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 12

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91853 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Whitney

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Retired Commission Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 158 N. Eutaw Pl

*Cause of Death,* First (Primary), Medullary Sarcoma

Second (Immediate), of Left Kidney

*Duration of Last Sickness,* 15 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* May 24 1886

E. K. Miller, M.D.
Medical Attendant.

*Undertaker,* Armstrong & Brenizer

*Place of Business,* 263 Light St *Address,* 124 W. Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 91854 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bishop

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 1/2 *Days*

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 7 Clarke's Ct.

*Cause of Death,* First (Primary), Premature birth

Second (Immediate),

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* May 24 1886

*Undertaker,* Henry Nes Gibbons

*Place of Business,* 68 W. Baltimore St. *Address,*

Wm Kirkbride M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 91855 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Drummond

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* white

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Jamaica W. I.

*Duration of Residence in the City of Baltimore,* Since 1871

*Place of Death,* {Give Street and Number.} 2214 N. Fremont St.

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 month.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount.

*Date of Burial,* May 24th 1886

*Undertaker,* Wm. J. Weaver.

*Place of Business,* # 202 N. Eutaw *Address,* 188 Franklin St.

J. H. Keller M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 91856 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca ~~Baxter~~ Price

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* ——— *Months,* ——— *Days*

*Color,* white

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hagerstown Md.

*Duration of Residence in the City of Baltimore,* 60 yrs.

*Place of Death,* {Give Street and Number.} 116 Paul St.

*Cause of Death,* First (Primary), Chronic Cystitis

Second (Immediate), Asthenia

*Duration of Last Sickness,* One year.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* May 25th 1886

*Undertaker,* Wm. Weaver.

*Place of Business,* 1302 N. Eutaw

J. H. Miller M. D.
Medical Attendant.

*Address,* 182 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of th...

# Health Department, City of Baltimore.

Permit No. 9185 7

*Office of Registrar of Vital Statistics.*

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Cook

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* ..... *Months,* ..... *Days*

*Color,*

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Student

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 252 N. Cary St

*Cause of Death,* First (Primary), Scarlet Fever

Second (Immediate), occlusion of Bowels

*Duration of Last Sickness,* 25 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* May 24th 1884

*Undertaker,* Denny & Mitchell

*Place of Business,* 660 W. Fayette St *Address,* 121 E. Baltimore St

Richard Moore M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91858 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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## CERTIFICATE OF DEATH.

*Date of Death,* May 22d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Knell

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~——~~ *Years,* — *Months,* 1 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 280 Columbia Ave

*Cause of Death,* First (Primary),

Second (Immediate), Premature Birth

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem-

*Date of Burial,* May 24th 1886

*Undertaker,* A Knell

*Place of Business,* 204 Columbia ave

Thomas H Stiles M. D.

*Address,* ~~Cumb~~ Md & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm Roberts Asst Inspector

# Board of Health, City of Baltimore,

16

*Permit No.* 9187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* May 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Edwards

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* one *Years,* ——— *Months,* ——— *Days.*

*Color,* Black *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Balto

*Place of Death,* {Give street and number.} 129 Dorr St

*Cause of Death,* {First (Primary,) Convulsions Bronchitis
Second (Immediate,)

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Howard county *Wm J. Shaffell* M. D.

*Date of Burial,* May 24 1886 Medical Attendant.

*Undertaker,* H Ross

*Place of Business,* 95 Eutaw St *Address* 435 N. Stricker

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21860 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 21- 11,30 P.M. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother May Wilson
Father

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 4 1/2 *Days.*

*Color,* White,

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maternite Hospital

*Duration of Residence in the City of Baltimore,* 4 1/2 days

*Place of Death,* {Give Street and Number.} Maternite Hospital

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Retained for

*Date of Burial,* Anatomical purposes

*Undertaker,* or Dr. D. Davis D. Davis M. D.

*Place of Business,* Maternite *Address,* Maternite
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 21861 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Laura Yakel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} No. 201 Druid Hill Avenue

*Cause of Death,* First (Primary), ~~Heart~~

Second (Immediate), Measles

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* May 24 1886

*Undertaker,* A Rosenberger

*Place of Business,* 70 Mulberry W *Address,* 112 N. Greene St.

Louis W. Knight M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9186 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Brooks

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* about twenty five years.

*Place of Death,* {Give Street and Number.} 27 McHenry St.

*Cause of Death,* First (Primary), } Pelvic Cellulitis.
Second (Immediate), }

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* May 24/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto *Address,* 243 N. Fremont St.

E. M. Reed M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91863 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson B. Garnick

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* 3 *Months,* 5 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Formerly a farmer, none at present

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* 21 years

*Place of Death,* {Give Street and Number.} 510 Dulaney Valley Ave

*Cause of Death,* First (Primary), Paralysis from softening of brain

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* May 25th 1886

*Undertaker,* F. Louis Schaefer

*Place of Business,* 1091 Fremont *Address,* 262 Madison Ave

Elias C. Price M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9186 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 84 *Years,* *Months,* 13 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Merchant—

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Maryland

*Duration of Residence in the City of Baltimore,* 74 years

*Place of Death,* {Give Street and Number.} 190 George St—

*Cause of Death,* First (Primary), Chronic Diarrhoea

Second (Immediate), Asthenia

*Duration of Last Sickness,* about Seven Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* May 25th 1886

*Undertaker,* F. Lewis Schafer

*Place of Business,* 1094 Fremont

Jas. E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9/865 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia K. Taylor

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* W.

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto., Maryland.

*Duration of Residence in the City of Baltimore,* All of life in Maryland.

*Place of Death,* {Give Street and Number.} Uberrima Hotel, Balto.

*Cause of Death,* First (Primary), Sarcoma of Breast.

Second (Immediate), Inanition.

*Duration of Last Sickness,* Several Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 26th May 1886

*Undertaker,* H. W. JENKINS & SONS

*Place of Business,* UNDERTAKERS Park & Saratoga Sts.

Hen. P. Smith M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 91866

*Office of Registrar of Vital Statistics.*

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Victoria Rockitz

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* 9 *Days*

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} N. E. Corner Bond & Miller Sts

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* West Holy Redeemer Cem.

*Date of Burial,* May 25/86

*Undertaker,* Frank Coad. J. B. Schwatka M. D.

Medical Attendant.

*Place of Business,* 249 N. Durham St. *Address,* Bway & Banner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...y-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ...ne can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ...e of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 91867 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Jordan

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* ..... *Months.* ..... *Days*

*Color,* Colored

*Married, Single, Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Martinsburg Va.,

*Duration of Residence in the City of Baltimore,* about 30 yrs

*Place of Death,* {Give Street and Number.} No. 10 Cedar Row

*Cause of Death,* First (Primary), Hypertrophy of Heart

Second (Immediate), General Dropsy & Hemorrhage of Lungs

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* May 25th 86

*Undertaker,* S. W. Chase

*Place of Business,* S. Howard St

John E. Lemmon M. D.
Medical Attendant.

*Address,* S. W. Cor. Eutaw & Read

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21868 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas & Annie Williams (Parents)

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 4 Hours ~~Days~~

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 43 Diamond st

*Cause of Death,* First (Primary),

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cem

*Date of Burial,* May 24th 1886

*Undertaker,* A Hemsley

*Place of Business,* 116 Orchard st *Address,* Cum't Pike & B

Thos A Shearer M. D.
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry McM Keown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21869 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Harriet Cuthbert

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* Col

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Chester Town

*Duration of Residence in the City of Baltimore,* 65 years

*Place of Death,* {Give Street and Number.} 122 Jackson

*Cause of Death,* First (Primary), General debility

Second (Immediate), Heart disease

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 24 1886

*Undertaker,* Abel Kennedy

*Place of Business,* 46 Pitcher Alley *Address,* 172 Franklin

Geo. A. Fleming M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 91870 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. R. Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 2 *Months,* 2 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 156 Eutaw St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Appersesbeck,

*Date of Burial,* May 25 "

*Undertaker,* B. Hall

*Place of Business,* 82 West St

H. B. Wible M. D.
Medical Attendant.

*Address,* 50 Warren Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91871 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Lucy Linn~~ May 24th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Linn

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* Washer-woman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. 5 Chester Ct.

*Cause of Death,* First (Primary), Pulmonary Tuberculosis

Second (Immediate), Exhaustion (probably)

*Duration of Last Sickness,* 9 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* May 25th 1886

*Undertaker,* W. H. Burgee

*Place of Business,* East St. *Address,* Coroner.

Alex. Hill, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 91872 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry & Cecelia Jones (Parents)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 8 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 150 N Dallas st

*Cause of Death,* First (Primary), Mal Nutrition

Second (Immediate), Spasms

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* May 24th 1886

*Undertaker,* John E Grace

*Place of Business,* 142 S Caroline *Address,* Emily & Wolfe

James A Steuart M. D.

~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition as to whether married or single of the person deceased, and the cause and date of death. [OVER.]

Henry McH Reuen
Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 91873 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam. Schmidt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 36 yrs

*Place of Death,* {Give Street and Number.} No. 23. S. Left of

*Cause of Death,* First (Primary),.....

Second (Immediate), Injury to Brain, caused by a fall

*Duration of Last Sickness,* 24 Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* May 26th 86

*Undertaker,* C. France

*Place of Business,* Evans & Wolff

A. T. Clarke M. D.
Medical Attendant.

*Address,* 305 E. Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9187 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane T. Tobin

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York.

*Duration of Residence in the City of Baltimore,* 10 wks.

*Place of Death,* {Give Street and Number.} 20 Mc Mechin St

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Washington D.C.

*Date of Burial,* May 25/86

*Undertaker,* Chas T. Craven

*Place of Business,* 27 N Eutaw

Frank J Flannery M. D.
Medical Attendant.

*Address,* 404 Druid Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4205

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...**

# Health Department, City of Baltimore.

Permit No. 91875 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephenia Rooney

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Co.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 4 Abbot st.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. A. Ephonsus cem.

*Date of Burial,* May 25 1886

*Undertaker,* Frank Evach

*Place of Business,* 247 N. Durham *Address,* 282 N. Broadway

Chas. B. Ziegler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91876 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Diebbil

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Chambermaid

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany (Kurhessen)

*Duration of Residence in the City of Baltimore,* 3½ Jrs.

*Place of Death,* {Give Street and Number.} Hosp. of Good Samaritan

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* Several Years — 3 wks in hospital

All the above information should be furnished by the Physician.

*Place of Burial,* Lauden Park

*Date of Burial,* May 25th 1886

*Undertaker,* [illegible]

*Place of Business,* 389 West Pratt St

Eugene F. Cordell M. D.

for R H Thomas M.D. Medical Attendant.

*Address,* Oak St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Dr. Thomas who has been attending this patient at the city — & Dr. Cordell signs this for him. on

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21877 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia J Lovell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* 6 *Months,* 2 *Days* 7

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Her entire life

*Place of Death,* {Give Street and Number.} 233 Angela Ave

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Washington D. C.

*Date of Burial,* May 24th 1886

*Undertaker,* Jos B Leech

*Place of Business,* No 707 N Baltimore Street *Address,* 4206 Travers

Gordon Coale M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Returns Below, and to Rule [illegible] of this Office.

91878

# Board of Health, City of Baltimore,

Permit No. ~~91878~~ *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Isaac Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* 8 *Days,*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No 172 S. Dallas street

*Cause of Death,* First (Primary), Syphilitic Eruption

Second (Immediate), Stomatitis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 24

*Undertaker* Lit Hunsley

*Place of Business,* 916 Orchard St

Kurt Seyferth M. D.
Medical Attendant.

*Address,* Balt. University ~~2336 Baltimore St~~

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 21879 *Office of Registrar of Vital Statistics.* Ward 6.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ruland

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... *Months,* 12 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ..... V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} Belair av nr Biddle

*Cause of Death,* First (Primary), Inanition

Second (Immediate), .....

*Duration of Last Sickness,* since born

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* May 25th 1886

*Undertaker,* A. Pinth & Son

*Place of Business,* 461 W. Gay St *Address,* 325 E. Balto st

G. L. Dauch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certific

# Health Department, City of Baltimore.

Permit No. 91880 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Manly

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 2 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} N. E corner of Jefferson & Burke sts

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* May 25th 1886

Thos A Shaw M. D.

*Undertaker,* Chas S Butler

*Place of Business,* 132 N Caroline St *Address,* [redacted]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition, whether married or single, of the person deceased, and the cause and date of death. [OVER.]

Henry [illegible]
Sanitary Inspector

# Board of Health, City of Baltimore,

Permit No. 91881

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT MAY 25 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* May 24 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich L. Hildebein

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 5 *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 103 N. Bethel St. Balto. City

*~~Duration of Residence in the City of Baltimore,~~*

*Place of Death,* {Give street and number.} 103 N. Bethel St. Balto. City

*Cause of Death,* First, (Primary.) Scarlet fever, combined with Inflamation of

Second, (Immediate.) Peralisis of Lungs. the Lungs.

*Duration of Last Sickness,* Three weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* May 25 1886.

*Undertaker,* John Herwig.

*Place of Business,* 382 Orleans St

C. H. Tuck M.D.,
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91882 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE MAY 25 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albin Stingel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 45 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Fracture of Spine

Second (Immediate), Heart failure

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Luthern Cemetry

*Date of Burial,* May 25 1886.

*Undertaker,* John Sherrod

*Place of Business,* 382 Columbia

William H. Garner M. D.
Medical Attendant.

Address, City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21883 *Office of Registrar of Vital Statistics.* Ward 1st 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Dutton

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 10 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 366 Aliceanna St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* May 26. 1886

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 & 80 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 91884 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24" 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A. Rau

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* Two *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 196 E. Green St

*Cause of Death,* First (Primary), Hemorrhage from the bowels

Second (Immediate), .....

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* May 25th 1886

*Undertaker,* Joseph L Jourdan

*Place of Business,* No 59 N. Schroeder St

D. L. Phillips M. D.
Medical Attendant.

*Address,* 311 W Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91885 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Specht

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} –

*Occupation,* –

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* – –

*Place of Death,* {Give Street and Number.} N. E. Preston & Biddle St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* May 25th

*Undertaker,* Wm F. Schaffer

*Place of Business,* 5. S. Front St

W. B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Preston St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91886 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Matilda Krummick

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 193 Eastern Avenue

*Cause of Death,* First (Primary), Measles

Second (Immediate), Meningitis

*Duration of Last Sickness,* 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon

*Date of Burial,* 24th May

*Undertaker,* Bigel

*Place of Business,* [illegible]

Thomas P. Evans M. D.
Medical Attendant.

*Address,* 22 Gay Town Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

# Board of Health, City of Baltimore.

Permit No. 21887 *Office of Registrar of Vital Statistics.* Ward 4"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Monday May 24th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ethel Martin

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* ..... *Years,* 8 *Months,* — *Days,*

*Color,* White. /

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 113 N. Front st

*Cause of Death,* First (Primary). Intussusception of bowels

Second (Immediate).

*Duration of Last Sickness,* Twenty four hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery within

*Date of Burial,* May 25 Gaston M. D.

Medical Attendant.

*Undertaker* Local Funeral

*Place of Business,* 28 Light *Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91888 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E. Craig

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* from birth

*Place of Death,* {Give Street and Number.} 178 Henrietta St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* May 26th

*Undertaker,* Henry Brill

*Place of Business,* Hanover St. *Address,* 46 Hanover St

Signed Gorter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 91889 *Office of Registrar of Vital Statistics.* Ward 12 Cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 24. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia J. Tabb

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* —— *Months,* 2 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore.* Life

*Place of Death,* {Give Street and Number.} 216 Linden ave.

*Cause of Death,* First (Primary), Tubercular Meningitis —

Second (Immediate), Exhaustion — Apnoea

*Duration of Last Sickness,* about 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* May 26/86

*Undertaker,* Dorsey & Mitchell

*Place of Business,* 554 W. Fayette

L. Randolph Page M. D.
Medical Attendant.

*Address,* 220 Linden ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 91890 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Kyser

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 4 Months, 9 Days

*Color,* W

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 212 Burgundy St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* One Day.

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Mount Lebanon~~ Mount Kammel.

*Date of Burial,* May. 25.

*Undertaker,* B Harle.

*Place of Business,* 82 West St. *Address,* 359 Barre St.

Tyler Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 91891 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 25 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* May 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Burris

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* ..... *Months.* ..... *Days*

*Color,* Black-

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Furniture Wagon Driver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 82 N Dallas n-

*Cause of Death,* First (Primary), Hypertrophy Heart-

Second (Immediate), Dropsy-

*Duration of Last Sickness,* One year-

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 25th 86

*Undertaker,* J F Lee

*Place of Business,* 423 Jefferson

Wm. E. Purnell M. D.
Medical Attendant.

*Address,* 938 N. Broadway

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 91892 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Watts

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 29 27 *Years,* ..... *Months,* ..... *Days*

*Color,* Ber

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City

*Duration of Residence in the City of Baltimore,* 27 3-

*Place of Death,* {Give Street and Number.} 191 Hughes St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Apnoea

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Burying

*Date of Burial,* May 24 1896

*Undertaker,* Geo W Erkins

*Place of Business,* 229 Hanover St

R W P Eells' M. D.
Medical Attendant.

*Address,* Eutaw & Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore.

Permit No. 91893 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd 1886 Sudden

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos Wm H. Whittington

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Years, Months, 11 Days,

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } # 51 S. Stockton alley

*Duration of Residence in the City of Baltimore,*

*Place of Death.* { Give street and Number. } Balto # 51 S Stockton alley

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W. Eaton Md. County

*Date of Burial,* May 22/86

*Undertaker* Fred'k Koehnen

*Place of Business,* 30 Harlem Ave Address,

L. G. Sparrow, Coroner M. D.

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**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9189 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Brandau

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ~~—~~ *Months,* ~~—~~ *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany, One week

*Duration of Residence in the City of Baltimore,* One week

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Hydrocephalus

Second (Immediate), Convulsions (exhaustion)

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* May 25 1886

*Undertaker,* Henry Sanderson

*Place of Business,* 252 Canton Ave *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 21895 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Hy. Jackson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* One *Months.* ... *Days*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 4 Clarks Court

*Cause of Death,* First (Primary), Pneumonia brain

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* May 25th 1886

*Undertaker,* Wm S Dunger

*Place of Business,* 62 East st.

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 n Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9189 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 24th May 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Jennings

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* House-work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore.* 35 years

*Place of Death,* {Give Street and Number.} 326. Hamburg St.

*Cause of Death,* First (Primary), Pulmonary-Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* A. Z. Zion Cemetery

*Date of Burial,* May 25 1886

*Undertaker,* Hercules Ross

*Place of Business,* 94 Low West *Address,* 146. Hill St

L. D. Dyer M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 9189 7

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 25 1886 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Larkin

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* Five *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 57 Dewberry Al

*Cause of Death,* {First (Primary,)} Pneumonia

{Second (Immediate,)} Exhaustion

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* May 26/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St.

T. F. McCormick M.D.
Medical Attendant.

*Address* 451 Eutaw Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 9898 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Jamison

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months.* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Whooping Cough Pneumonia

*~~Cause of Death~~,* First (Primary),

Second (~~Immediate~~), 473 N. Drate St

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 26 of dear.

*Undertaker,* Joseph B. Cook.

*Place of Business,* 707 Baltimore St *Address,* 311 N Lanvale

B L Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91899 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anna Schwartze

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days*

*Color,* White.

~~Married, Single,~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Housekeeper.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 years.

*Place of Death,* {Give Street and Number.} 74 Penna Ave.

*Cause of Death,* First (Primary), Hypertrophy of the Heart

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 3 Mths.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* May 26 1886

*Undertaker,* A Rosenberger

*Place of Business,* 70 Pinkney St *Address,*

J. Richter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 91909 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 23rd 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Labella Sherman

*Sex,* ~~Male~~ — *Female,* { Cross out the word not required in this line. }

*Age,* 60 *Years,* — *Months,* 12 *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Hanau Germany

*Duration of Residence in the City of Baltimore,* 31 Years

*Place of Death,* { Give street and Number. } 239 S Sharp St

*Cause of Death,* First, (Primary,) Erysipelas Phlegmonis

Second, (Immediate,) Gangrene & Anemia

*Duration of Last Sickness,* 4 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Lauden park Cem.

*Date of Burial,* May 26th 86 J W McComas M. D.,

*Undertaker,* Julius Kaufler Medical Attendant.

*Place of Business,* Hart & Conrad *Address,* 164 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91901 *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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## CERTIFICATE OF DEATH.

*Date of Death,* May 24th. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Beam

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

*Duration of Residence in the City of Baltimore,* 20 years.

*Place of Death,* {Give Street and Number.} Maryland General Hospital

*Cause of Death,* First (Primary), Hypertrophy & dilatation of heart

Second (Immediate), Heart failure & clot

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* May 26th/886

*Undertaker,* H Partridge

*Place of Business,* ~~27~~ Mulberry St. *Address,* 209 N. Eddie St.

D K Merrick M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99902 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel L. Morris

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 4 *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 404 E Hoffman St

*Cause of Death,* First (Primary), Acute Pneumonia

Second (Immediate), Asthenia

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* May 16/86

*Undertaker,* Chas J Fry

*Place of Business,* 81 N Broadway Address, 1 E Eager St Carslight

J. C. Bloser M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91903 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas G Cropper

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 6 Prince st

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* May 27th 1886

*Undertaker,* Jos L Parks

*Place of Business,* 66 Fed. Ave. *Address,* 319 Hallin av

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 91904 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24 1886 D/s/p. Patient one month since (last seen

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lida Waters

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~10 Months~~ *Years,* 1 0 *Months,* *Days,*

*Color,* Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* {Give street and Number.} 338 N Durham St

*Cause of Death,* First, (Primary,) Atrophy - Feeble child

Second, (Immediate,) ? (Asthenia)

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial.* May 26th 1886

*Undertaker,* Wm A Dungee

*Place of Business,* 62 East St

R B Platt. *M. D.*
Medical Attendant.

*Address,* 165 Park ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

# Board of Health, City of Baltimore,

Permit No. 71905

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, MAY 26 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 25 May 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Emmie M. Sager.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* — *Months,* — *Days.*

*Color,* white

*~~Married, Single,~~ Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ny. Usa.

*Duration of Residence in the City of Baltimore,* 6 months.

*Place of Death,* {Give street and number.} 96 N. Paca St.

*Cause of Death,* First, (Primary.) Diffuse Carcinoma of Liver.

Second, (Immediate.) Asthenia.

*Duration of Last Sickness,* 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Philadelphia Pa.

*Date of Burial,* May 27/86

B T Leonard *M.D.,*
Medical Attendant.

{*Undertaker,* Chas. F. Scriven
{*Place of Business,* 271 N Eutaw *Address,* 314 E Balt St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4207 Transit

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91906 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Mark

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 310 S. Charles St

*Cause of Death,* First (Primary), Pleurisy

Second (Immediate), Dysentery

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* May 26/86

*Undertaker,* J. B. Cooley

*Place of Business,* 707 W. Balto St

J. C. Burch M. D.
Medical Attendant.

Address, 15 N. Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21907 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Stolz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* 0 *Months,* 1 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Yrs.

*Place of Death,* {Give Street and Number.} # 43 N. Frederick St.

*Cause of Death,* First (Primary), Bright's Disease of Kidneys

Second (Immediate),

*Duration of Last Sickness,* A Long While.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* May 28th 1886

*Undertaker,* A. Stink & Son

*Place of Business,* 461 W. Gay St. *Address,* Mulberry St. & Maryland Ave.

Louis Par Dr. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91908 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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## CERTIFICATE OF DEATH.

*Date of Death,* May 25 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 3 *Months,* 14 *Days*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* about 1 Week

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* May 26th 1886

*Undertaker,* Geo. Pinckard

*Place of Business,* Health Dept *Address,* 57 St Paul

Thos. J. Vern M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21909 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Brandon

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* — *Months,* — *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pensacola Fla

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} 66 Richmond St

*Cause of Death,* First (Primary),

Second, (Immediate), Pulmonary Hemorrhage

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St

*Date of Burial,* May 27th 1886

*Undertaker,* [illegible] M. D.

Medical Attendant.

*Place of Business,* 116 Arch *Address,* 143 E Chas

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 9190 ; *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John Thomas Sweeney

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ——— *Years,* One *Months,* 25 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* { Give street and Number. } 86 S Charles St.

*Cause of Death,* First (Primary). Catarhal Pneumonia

Second (Immediate). asphyxia

*Duration of Last Sickness,* About one week.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peter R.C. Cemetery

*Date of Burial,* May 26th 1886

*Undertaker* Evans & Spence

*Place of Business,* 60 E Bull St

L. H. Georgan M. D.
Medical Attendant.

*Address,* 307 Lexington St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9191 1 *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25 / 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Aldridge

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* 6 *Months,* 15 *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md.

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} 186 N Fulton Ave.

*Cause of Death,* First (Primary), Chronic Dyspepsia

Second (Immediate), Prostration

*Duration of Last Sickness,* About 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* May 27th 1886

*Undertaker,* Kelly Eutaw Hous

*Place of Business,* Park & Saratoga *Address,* 5 & W Fayette Sts

G. L. Whitman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91912 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Frey

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 75 N Paca St

*Cause of Death,* First (Primary), Locomotor ataxia

Second (Immediate), Apoplexy Congestion Brain

*Duration of Last Sickness,* 4 or 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* May 27th 1886

*Undertaker,* Wm Craver

*Place of Business,* 202 N Eutaw St

W. Riley M. D.
Medical Attendant.

*Address,* 306 Madison Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9913

## Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* 25th May 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Thrasher

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 558 Druid Hill Ave

*Cause of Death,* First (Primary),

Second (Immediate), Organic Disease Heart.

*Duration of Last Sickness,* 4 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* May 27th 1886

*Undertaker,* Wm Weaver

*Place of Business,* 202 N. Eutaw St

H. W. Wings M. D.

Medical Attendant.

*Address,* 364 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9194 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Egan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland. Resided in Balto for the last 55 yrs

*Duration of Residence in the City of Baltimore,* about 56 yrs

*Place of Death,* {Give Street and Number.} 76 Argyle Ave -

*Cause of Death,* First (Primary), Died suddenly in the night - An inquiry into the case brought out the fact that she had suffered from Heart
Second (Immediate), disease during the last 6 yrs - Thus was the Cause of death most likely

*Duration of Last Sickness,* only a few hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* May 28

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

Frank J. Flannery M. D.
Coroner - Medical Attendant.

*Address,* 404 Eutaw Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9195 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Magrath Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 2 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Falls City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 86 Chestnut St

*Cause of Death,* First (Primary), .....

Second (Immediate), Inanition

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 26th 86

*Undertaker,* [illegible]

*Place of Business,* 62 East St.

Thos. H. Clemens M. D.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

F. J. Gilbrath Sanitary Inspector

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9916 *Office of Registrar of Vital Statistics.* Ward 17 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hurley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} No 1 Gaulds Lane

*Cause of Death,* First (Primary), Fall down flight Stairs

Second (Immediate), Concussion of Brain

*Duration of Last Sickness,* 9 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis Md

*Date of Burial,* May 27th /86

*Undertaker,* Daniel Kelynn

*Place of Business,* 109 First St

O. A. Cowle M. D.
Medical Attendant.

*Address,* 110 Fort av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4208 Fremont

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21917 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days* 1

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St Vincents

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* May 26th /86

*Undertaker,* Hammond Lake

*Place of Business,* Division St *Address,* 410 24 Do. Hilaire

D J Flannery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 71910

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91918 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Offett

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 1 *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Ex Lifetime

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* May 27th 1886

*Undertaker,* Harvard Lake

*Place of Business,* Division St.

F. J. Flannery M. D.

Medical Attendant.

*Address,* 702 Dr. Hillen.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ime can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the [illegible] ate of death.

# Health Department, City of Baltimore.

Permit No. 91919 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth N. Black

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

*Age,* 72 *Years,* ..... *Months.* ..... *Days*

*Color,* White

~~*Married, Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* 25 years.

*Place of Death,* {Give Street and Number.} 668 N. Fayette St.

*Cause of Death,* First (Primary), Cerebral Debility.

Second (Immediate), Paralysis.

*Duration of Last Sickness,* Five days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* May 28/86

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W Fayette

Inman F Hill M. D.
Medical Attendant.

*Address,* 17 N. Calhoun St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 91920 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 25 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard F. Berkeley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* ..... *Months.* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} W

*Occupation,* Physician

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give Street and Number.} 82 John St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Richmond Va

*Date of Burial,* May 27/86

*Undertaker,* Mann & Nitchie

*Place of Business,* 330 N Eutaw

J. M. Hundley M. D.
Medical Attendant.

*Address,* 22 Edmondson Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4209 Fairfield

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9192 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 27 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Bows

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 177 N Exeter

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* May 27th 1886

*Undertaker,* Henry K. Mears

*Place of Business,* 422 W. Lafayette St *Address,* .....

Geo. B. Kemp M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9922 *Office of Registrar of Vital Statistics* Ward 18th

HEALTH DEPARTMENT MAY 27 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Lentz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 12 Wyeth St

*Cause of Death,* First (Primary), Atelectasis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* May 27th 1886

*Undertaker,* C. P. Krauseham

*Place of Business,* 209 Hanover St.

Geo R Graham M. D.
Medical Attendant.

*Address,* 18 E Columbia ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91923 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Metzel

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 2 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co., Md.

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give Street and Number.} 9 Smith Al

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemmer Cem

*Date of Burial,* May 28th 86

*Undertaker,* A. Kirk Lohr

*Place of Business,* 46 N. Gay *Address,* 928 E. Preston St

Wm. B. Billingsley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 91924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi*
*out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased,
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose H. Foster,

*Sex,* ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

*Age,* 18 *Years,* 9 *Months,* *Da*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and number} 505 Lexington Street

*Cause of Death,* First, (Primary,) Acute Phthisis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* About 6 weeks. The patient passed through an attack of Mea
and typhoid fever before developing the pulmonary disease, duration of all morbid

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Com.

*Date of Burial,* May 28. 1886. Charles Getz M.

*Undertaker,* Wm. H. Hickman. Medical Attendant.

*Place of Business,* 234 E. Gay St. *Address,* 579 Lexington St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be t
duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice,
furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate s
ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the p
son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91925 *Office of Registrar of Vital Statistics.* Ward 5th

HEALTH DEPARTMENT BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Catherine Pentz.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* ~ *Months,* ~ *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow.

*Occupation,* None.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give Street and Number.} 238 E. Monument St.

*Cause of Death,* First (Primary), Rheumatism, Acute.

Second (Immediate), General Debility

*Duration of Last Sickness,* about one week.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Com.

*Date of Burial,* May 27. 1886

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 E. Gay St. *Address,* 238 E. Monument St.

Jno. N. Lowman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97926 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* May 24. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wing

*Sex, Male or Female* {Cross out the word not required in this line.} Male

*Age,* 12 *Years,* *Months,* *Days*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 10th & Duncans Alley

*Cause of Death,* First (Primary), Rheumatism, acute

Second (Immediate), General Debility & marasmus

*Duration of Last Sickness,* About 6 or 7 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 23 1886

*Undertaker,* S. N. Chase

*Place of Business,* 17 Howard St

Edwin B. Jenby, M. D.
Medical Attendant.

*Address,* 283 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21927

*Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25, 80.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gardner

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* 5 *Months,* 27 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 125 Hanover St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* May 28

*Undertaker,* J. Hare

*Place of Business,* 52 West [illegible] *Address,* 37 N. Paca St.

C. R. Wilson *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91928 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1896 BALTIMORE MD.

9

## CERTIFICATE OF DEATH.

*Date of Death,* May 26 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Ehrlich

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 57 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} 11 N Eutaw St

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), asthma, Dropsy, Kidney trouble

*Duration of Last Sickness,* 10 months

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Sholam Cemetery

*Date of Burial,* May 28

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 High St *Address,*

H R Linrod M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91929 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE REGISTRAR'S MAY 27 1886 BALTIMORE CO.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Walters.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 22. *Years,* —. *Months,* —. *Days.*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City Md.

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give Street and Number.} 92 Wilhelm St.

*Cause of Death,* First (Primary), Inf. of Pneumonia

Second (Immediate), Consumption

*Duration of Last Sickness,* 2 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* May 28th

*Undertaker,* John J. Coman

*Place of Business,* 87 Guilford Ave *Address,* 837 E. Pratt St

C. R. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21930 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAY 27 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lockard Lockardt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 22 S. Hope Wolfe St

*Cause of Death,* First (Primary), Angina membranea

Second (Immediate), Paralysis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* May 28 86

*Undertaker,* G. Frano

*Place of Business,* Bank & Wolfe Sts *Address,* 245 E. Lombard

J. Hanna M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause late of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91931 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. MAY 27 1886

## CERTIFICATE OF DEATH.

*Date of Death,* May 26, 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Bristow

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~~~

*Occupation,* ~~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ~~~~~

*Place of Death,* {Give Street and Number.} 324 Leytf. St

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), being only 6½ Months Lest

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* May 27th 1886

*Undertaker,* Chas Knight

*Place of Business,* 263 Light

H B Smith M. D.
Medical Attendant.

*Address,* 55 Warren av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91932 *Office of Registrar of Vital Statistics* Ward 9th

HEALTH DEPARTMENT
MAY 27 1886
BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a ~~Proper~~ Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26th 1886 Baltimore

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus L Bellamy

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 69 Harrison St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Sporadic

*Duration of Last Sickness,* three hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 28th 1886

*Undertaker,* Henry W. Mears

*Place of Business,* #22 W. Fayette Address, Exeter St

O C Mahon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 91933 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carroll Brooks.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 3/4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City Lif

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Nursery Childs Hospital

*Cause of Death,* First (Primary), Pertussis.

Second (Immediate), Debility 5 Weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* May 27.

*Undertaker,* ...

*Place of Business,* ... *Address,* ...

C. F. Brune M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.

# Health Department, City of Baltimore.

Permit No. 91934 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 7 Olivia St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), "

*Duration of Last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial,* Harford Cemetery

*Date of Burial,* May 27/1886

*Undertaker,* Geo Peters

*Place of Business,* 221 Hanover St *Address,* Southern Dispensary

J. B. White M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91935 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Deal

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 202 York St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 29 May 1886

*Undertaker,* Geo. Elkins M. D.

Medical Attendant.

*Place of Business,* 221 Hanover *Address,* 177 E Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die iu the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91936 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED MAY 28 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mercer

*Sex, Male or Female,* {Cross out the word not required in this line.} M.

*Age,* 2 *Years,* 4 *Months,* 7 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 323 Central Ave

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Agnes Cem

*Date of Burial,* May 29 1886

*Undertaker,* Henry Hoch

*Place of Business,* 309 N Central Ave

H T Reynolds M. D.
Medical Attendant.

*Address,* 186 Augusta Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 91937 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Young

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 68 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colitia

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 44 years

*Duration of Residence in the City of Baltimore,* ..... 44 years

*Place of Death,* {Give Street and Number.} 94 Somerset St

*Cause of Death,* First (Primary), Cancer of Stomach

Second (Immediate), Marasmus

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* May 28 1886

*Undertaker,* Henry Hoen

*Place of Business,* 309 N Central Ave

*Medical Attendant.* M. Schauer M. D.

*Residence or Office Address,* 1 Gay Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21938 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22th 1896.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berthold Fladung

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* ——— *Months,* ——— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give Street and Number.} 10 15 Low Street

*Cause of Death,* First (Primary), frequent colds

Second (Immediate), Pneumonia

*Duration of Last Sickness,* about four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* May 29 1896

Milton N. Taylor M. D.
Medical Attendant.

*Undertaker,* Henry Hoen

*Place of Business,* 329 W Balt St *Address,* 38 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21939 *Office of Registrar of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Judith William Sommers

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Lobster

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} 18 Potomac

*Cause of Death,* First (Primary), Anasthenia

Second (Immediate),

*Duration of Last Sickness,* several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls cem

*Date of Burial,* May 28th 1886

E. Lucas M. D.

Medical Attendant.

*Undertaker,* Wm Lindsay & Son

*Place of Business,* 251 Canton Av

*Address,* 33 Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91940 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, 1886, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Brandau

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Five *Years,* ——— *Months,* ——— *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* one week

*Place of Death,* {Give Street and Number.} Balto. Infirmary

*Cause of Death,* First (Primary), Broncho-pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one week and a half

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Lawnel

*Date of Burial,* May 28th 1886

*Undertaker,* H. C. Standefer Son

*Place of Business,* 252 Canton Av

I. R. Nott M. D.
Medical Attendant.

*Address,* Balto. Infirmary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 91941

*Office of Registrar of Vital Statistics.*

1 9

The Physician who attended any person in a last illness is responsible for the presentation of the Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT RECEIVED MAY 28 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 26th. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellanora Wright.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 61 Cadenza St.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion.

*Duration of Last Sickness,* two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cem.

*Date of Burial,* May 28th

*Undertaker,* W. D. Diffet

*Place of Business,* 157 E. Bond St.

Sh. Geo. H. Candler M.D.,
Medical Attendant.

*Address,* 128 Park ave.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9194 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT
MAY 28 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann McCaffrey

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 97 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto County

*Duration of Residence in the City of Baltimore,* Nearly all her life

*Place of Death,* {Give Street and Number.} 118 Orleans St

*Cause of Death,* First (Primary),

Second (Immediate), old age

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 29/1886

*Undertaker,* John Lake

*Place of Business,* 201 E Balto St *Address,* 13 Orleans St

D. Hynes M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 91943 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Lasko

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 64 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany — 34 years

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give Street and Number.} No 70 S. Central Av.

*Cause of Death,* First (Primary), Phthisis pneum.

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* about 8 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* May 28 1886

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans

L D Whitehurst M. D.
Medical Attendant.

*Address,* 12 S Eden st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9194 *Office of Registrar of Vital Statistics* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Berry

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ / ~~Female~~

*Age,* *Years,* *Months.* Eight *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ / ~~Widow~~ / ~~Widower~~ ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Infancy

*Place of Death,* {Give Street and Number.} 116 Chestnut st

*Cause of Death,* First (Primary), Influenza with Stomach

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetery

*Date of Burial,* May 28 1886

*Undertaker,* William A Dugan

*Place of Business,* 602 East Pratt

J. E. Gorsuch M. D.
Medical Attendant.

*Address,* Mayor & W Engels

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 91945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

PEABODY INSTITUTE
MAY 29 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Barton

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 1 yr & mos

*Place of Death,* {Give street and number} 8 Barnes St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* ~~12 da~~ 1 mo

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphantius Cr

*Date of Burial,* May 28 / 86

*Undertaker,* Frank Grach.

*Place of Business,* 247 S. Durham

Elgo Walls M.D.
Medical Attendant.

*Address,* 86 N. Ruston

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Health Department, City of Baltimore.

Permit No. 91946 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT MAY 28 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz Stenak

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* 5 *Months,* 20 *Days*

*Color,* W

*Married,* ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} 1 Hemeaman ave

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate), Coma.

*Duration of Last Sickness,* 2 month

All the above information should be furnished by the Physician.

*Place of Burial,* Bohamian National Ci.

*Date of Burial,* May 28/86.

*Undertaker,* Frank. Evach

*Place of Business,* 249 N. Durham *Address,*

A. L. Gage M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

HEALTH DEPARTMENT MAY 28 1886 BALTIMORE MD.

**Permit No.** 91947 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thirsa M. Kerner

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bald City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 164 S Oporning St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* May 24/86

*Undertaker,* Michael Tracy

*Place of Business,* 35 Bank St

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 520 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 91948

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 24 May 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Hall.

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 70 [redacted] *Years,* ——*Months,* ——*Days.*

*Color,* White

*Married,* [redacted] { Cross out the word not required in this line. }

*Occupation,* Sawyer

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Annapolis Md.

*Duration of Residence in the City of Baltimore,* Unknown.

*Place of Death,* { Give street and number. } 62 Center St. Balt.

*Cause of Death,* First, (Primary.) Chronic Arthritis + Suppural Kidney the result of Prostatic Hypertrophy

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis Md

*Date of Burial,* May 27th 1886

*Undertaker,* Wm Weaver

*Place of Business,* 202 N Eutaw St

W. Lemmon M.D.,
Medical Attendant.

*Address,* 1 E Pratt St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4240 Sunset

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21947 *Office of Registrar of Vital Statistics.* Ward. 11th

HEALTH DEPARTMENT
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 27th May 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Cluett.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Forty four (44) *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Manufacturer of Tobacco.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Twenty five (25) Years.

*Place of Death,* {Give Street and Number.} 234 N. Howard St. Baltimore.

*Cause of Death,* First (Primary), Bright's Disease of the Kidneys.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Over three Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* May 29th 1886

*Undertaker,* Stewart & Moore

*Place of Business,* Park ave *Address,* 47 Franklin St.

W. C. van Bibber M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 91950 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 27. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Connie L. Canard

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 2 *Months,* X *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* House Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and Number.} 421 Eutaw Place

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,) do

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem

*Date of Burial,* May 29 '86

*Undertaker,* Howard & Moore

*Place of Business,* 35 Park Ave *Address,* 317 Madison Ave

C. Carey Thomas M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 91951 *Office of Registrar of Vital Statistics.* Ward 20th

HEALTH DEPARTMENT RECEIVED MAY 28 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane George

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 52 *Years,* 11 *Months,* *Days.*

*Color,* White

~~Married~~ Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 186 Lafayette Ave

*Cause of Death,* First, (Primary,) Carcinoma Uteri

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial* Mt Olivet Cem

*Date of Burial* May 29th 1886

*Undertaker,* Stewart & Moore

*Place of Business,* 38 Park Ave

Robt J Wilson M. D., Medical Attendant.

*Address,* 1460 & 152 Park Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21952 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT 29 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 26 May, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Waters

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* about 20 *Years,* *Months,* *Days*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 13 Pine st.

*Cause of Death,* First (Primary), Consumption — I only saw this case

Second (Immediate), Tuna & I think hard work, confinement & exposure combined to cause death

*Duration of Last Sickness,* Came to see me

All the above information should be furnished by the Physician.

*Place of Burial,* Stars & Cemetery

*Date of Burial,* May 28 - 1886

*Undertaker,* W. W. Madden

*Place of Business,* 46 East St. *Address,* 594 W. Fayette st.

J. Ins. Hood M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91953 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 26 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Fuchs

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 37 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Keeping house

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Phila. Pa

*Duration of Residence in the City of Baltimore,* 10 yr.

*Place of Death,* {Give Street and Number.} 576 Saratoga St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet, Cem.

*Date of Burial,* May 28/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St. Address, .....

Chas. N. Feller M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91954 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 28 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27th 1886 = 11 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Rousselot

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months,* 14 *Days*

*Color,* White

*~~Married, Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 11 Irvin St

*Cause of Death,* First (Primary),

Second (Immediate), Congenital Heart Disease

*Duration of Last Sickness,* —— 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* May 28 86

*Undertaker,* J. J. Cook

*Place of Business,* 907 W. Balto *Residence,* 882 Balti St

A. Brent Thompson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT MAY 28 1886 REGISTERED

Permit No. 91955 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28—"86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rich. P. Chancellne

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* — *Months,* — *Days*

*Color,* Wht.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Hotel Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. 52 E. Fayette St.

*Cause of Death,* First (Primary), Hemorrhage, from incised wound

Second (Immediate), of left int. Jugular vein (suicide)

*Duration of Last Sickness,* 9—4 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* May 29th

*Undertaker,* Evans & Spence

*Place of Business,* 61 E Balto St *Address,* Coroner.

Alexander Hill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8—

*Permit No.* 91956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 28 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar T. Haus.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* 3 *Years,* 8 *Months,* ——— *Days.*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* No occupation.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number.} No 211 E Biddle St.

*Cause of Death,* {First (Primary,) Meningitis

Second (Immediate.)

*Duration of Last Sickness,* About 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* May 29. 1886

*Undertaker,* Martin Fahey

*Place of Business,* 128 Lowndes st

Edward N. Stal M.D.
Medical Attendant.

Address 199 N Howard Street
4th door N of Mon

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.**

# Health Department, City of Baltimore.

Permit No. 9195 7 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brechenridt (Breidschwerdt)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 260 E. Broadway

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Coma

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bath. Cemetery

*Date of Burial,* May 30th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Aliceanna

Geo R Reynolds M. D.
Medical Attendant.

*Address,* 171 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91958 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 28 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Bond

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 93 Columbia ave

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* May 28

{*Undertaker,* J. Akers

*Place of Business,* 28 High st *Address,* 311 N Eutaw st

P. L. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91959 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret McCann

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 89 *Years,* —— *Months,* —— *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 436 Division ah.

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Ex

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* May 29 86

*Undertaker,* Chas F. Sauer

*Place of Business,* 241 E Eutaw

Frank J Flannery, M. D.
Medical Attendant.

*Address,* 404 N. Hill Ave.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91960 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT MAY 28 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* May 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Lacey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* 23 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 7 W. Chase St.

*Cause of Death,* First (Primary), Constitutional Syphilis

Second (Immediate), Coma

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cy

*Date of Burial,* May 29 1886

*Undertaker,* Jas O Byrne

*Place of Business,* 63 Fmr Ave *Address,*

Geo. Brooke Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91961 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Marshall.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 41 Penna Avenue

*Cause of Death,* First (Primary), Prematurity.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* During life

All the above information should be furnished by the Physician.

*Place of Burial,* H Cemetery

*Date of Burial,* May 28 1886

*Undertaker,* A Rosenberger

*Place of Business,* 70 Mulberry

H Ricketts M. D.
Medical Attendant.

*Address,* 575 Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91962 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Cookus

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 28. *Years,* 2. *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 206. Williams st

*Cause of Death,* First (Primary), Confinement

Second (Immediate), Puerperal Convulsions

*Duration of Last Sickness,* Half an hour

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 30/886 Sherwood Cook M. D.

*Undertaker,* Armstrong Bros. Medical Attendant.

*Place of Business,* 263 Light *Address,* 416 Hanover st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91963 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1886 BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* May 27 1886

*Full Name of Deceased* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Peters

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 36 yrs in America

*Duration of Residence in the City of Baltimore,* 36 yrs

*Place of Death,* {Give Street and Number.} St Joseph's Hospital

*Cause of Death,* First (Primary), old age

Second (Immediate), Acute Bronchitis

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer, Cemetery

*Date of Burial,* May the 31 1886.

*Undertaker,* Nolan Simpson

*Place of Business,* 461 N. Eutaw St

Chas J Mackenzie M. D.
Medical Attendant.

*Address,* 108 W Saratoga

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 91964 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requesfed so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27th 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Sommerville

*Sex, Male or Female.* {Cross out the word not required in this line.} ~~Female~~

*Age,* *Years,* 3 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death.* {Give street and Number.} Pennsylvania Ave. 111

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* May 29

*Undertaker* Walter Sumwalt

*Place of Business,* 316 W. Bedde Address,

L. G. Sparrow M. D.

~~Medical Attendant.~~ Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Sheet.

# Health Department, City of Baltimore.

Permit No. 91965 *Office of Registrar of Vital Statistics.* Ward 5-9

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 28 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Jas. Cullings

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 193 Chestnut st

*Cause of Death,* First (Primary),

Second (Immediate), Cerebritis

*Duration of Last Sickness,* 20 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* May 29 1886

*Undertaker,* Wm. H. Hickman

E. C. Baldwin M. D.
Medical Attendant.

*Place of Business,* 234 N. Gay St. *Address,* 122 n Eutaw st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 91966 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 27. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lelia Haight

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Coachman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} 50 Oxford St

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn

*Date of Burial,* May 29 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Aisquith *Address,* 19 Caskedon St

A. E. Addison M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9196 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Sweeney

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* — *Months,* — *Days*

*Color,* Wht.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Can maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. 40 Liberty alley

*Cause of Death,* First (Primary), Valvular Cardiac Disease

Second (Immediate), —

*Duration of Last Sickness,* Instant death.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* May 29th

*Undertaker,* H. C. Winfield

*Place of Business,* 100 Gremmit

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within y-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ne can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91968 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard P. Elliott

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 298 E. Madison St

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Coma

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* May 29/86

*Undertaker,* Wm S Fry

*Place of Business,* 89 N Broadway

H T Reynolds M. D.
Medical Attendant.

*Address,* 181 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91969 *Office of Registrar of Vital Statistics.* Ward 5 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 29 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 27, 1886,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcus Rosenthal,

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* White.

~~*Married,* Single, *Widow or* Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Merchant,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany, 41 Years,

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 112 August st,

*Cause of Death,* First (Primary), Pyelitis (due to hypertrophy of Prostate)

Second (Immediate), Exhaustion (Anaemia)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery (Har Sinai)

*Date of Burial,* May 30 86

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Lemmon ave

F. Ehrenberg M. D.
Medical Attendant.

*Address,* 133 N Eutaw,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Instructions Below, and to Every Question in Each Item.

# Board of Health, City of Baltimore,

Permit No. 91970 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy Parks Valiant

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* ..... *Years,* .... 2 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* Infant

*Place of Death,* {Give street and Number.} 485 Park ave

*Cause of Death,* First, (Primary,) Said to have convulsions

Second, (Immediate,) Dead when I saw her

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* May 29/86

*Undertaker,* Deaver & Mitchell

*Place of Business,* 536 W Fayette

Calvin Winslow M. D.,
Medical Attendant.

*Address,* 23 W Cullok st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91971 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE MAY 29 1880 REGISTERED

## CERTIFICATE OF DEATH.

*Date of Death,* May 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Potee

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md ~~Ire~~

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* {Give Street and Number.} 752 Canton

*Cause of Death,* First (Primary), Congestive Chill

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* May 29.

*Undertaker,* B Hamke.

*Place of Business,* 82 West St *Address,* Greene & Shelby Sts

R. W. P. Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 21972 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katrina Schlowateky

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1½ *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* One week

*Place of Death,* {Give Street and Number.} Balto Infirmary

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* May 29th 1886

*Undertaker,* H. Sanderline

*Place of Business,* 252 Caroline St *Address,*

J. P. Nott M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91973 *Office of Registrar of Vital Statistics.* Ward 6 9.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie H. Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 18 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Scotland

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give Street and Number.} 120 N. Charles St

*Cause of Death,* First (Primary), Acute phthysis

Second (Immediate),

*Duration of Last Sickness,* Abt one year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* May 30th

*Undertaker,* Geo Schilling

*Place of Business,* 131 Canal Square

Wm B Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9197 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah Sayers

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days*

*Color,* white

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Salisbury Md.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give Street and Number.} 370 Wash. Pl.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 30th

*Undertaker,* Geo. Schilling

*Place of Business,* Pratt & Eutaw

G. G. Kuhl M. D.
Medical Attendant.

*Address,* Balt. & Gay Sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91975 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Mcguinness

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 312 E. Chase st.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 5 or 6 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Green Mount

*Date of Burial,* May 30th

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Square

Geo. A. Hartman M. D.
Medical Attendant.

*Address,* 305 N. Caroline st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91976 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Myers

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 410 Saint Paul Eastern Ave

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 2 days Not known

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's Cem

*Date of Burial,* May 29th 1886

*Undertaker,* H. W. Gibbons Jr

*Place of Business,* 341 Eastern Ave

*M. D.*
Medical Attendant.

*Address,* 341 Eastern Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21977 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda L. Chaplain

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* House Girl

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 143 S Dallas st

*Cause of Death,* First (Primary), Tubercular Consumption

Second (Immediate),

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* May 30th

*Undertaker,* John E Grace

*Place of Business,* 142 S Caroline st

Jno L. Russell M. D.
Medical Attendant.

*Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91978 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bowser

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 35 *Years,* — *Months.* — *Days*

*Color,* Color

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Foreman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cheltenham Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 129 Chestnut st

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 29 1886

*Undertaker,* Hercules Bros

*Place of Business,* 96 Canby St

J. L. Gorsuch M. D.
Medical Attendant.

*Address,* August 1st 86

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward Dodd

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 *Years,* ~ *Months,* ~ *Days.*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ Single

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} No 24 Forrest st.

*Cause of Death,* First, (Primary,) Pneumonia,

Second, (Immediate,)

*Duration of last Sickness,* about 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* May 29 - 1886

*Undertaker,* Wm. F. Madden

*Place of Business,* #46 East Pr.

John H. Lovman M. D.
Medical Attendant.

*Address,* 236 E Monument
M. E. Dispe

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91980 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Candida.

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 2 months.

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* May 30th 1886

*Undertaker,* Hammond Lake

*Place of Business,* Division St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.**

# Health Department, City of Baltimore.

Permit No. 21981 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT MAY 31 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* — *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* May 30th 1886

*Undertaker,* Raymond Lake

*Place of Business,* Division St.

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Madison av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91982 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 29 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 29. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Marquardt

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5-6 *Years,* 3 *Months,* 12 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Domestic,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany,

*Duration of Residence in the City of Baltimore,* 40 Years,

*Place of Death,* {Give Street and Number.} 179 E. Townsend St.

*Cause of Death,* First (Primary), Brights disease

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Months,

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* May 30

*Undertaker,* W. J. Tickner

*Place of Business,* 65 S Eutaw *Address,* 133 N Eutaw

F. D. Schaumburg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 91983 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 28 1886
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Friday May 28 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V Kronmiller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 28 *Years,* 6 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 429 E Lee St

*Cause of Death,* First (Primary). Tuberculosis

Second (Immediate). Phthisis Pulmonalis

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* May 31st 1886

*Undertaker* Henry W. Mears

*Place of Business,* #22 W. Fayette St *Address,*

E. Simon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 91984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* May 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Hood

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Ex Policeman

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Howard County Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Balto City Jail

*Cause of Death,* First (Primary,) Intemperance

Second (Immediate,) Delirium Tremens

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Rodee Cemetery

*Date of Burial,* May 29/86

D. P. Hoffman M. D.
Medical Attendant.

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Dept Address 277 West Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91985 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 30 1886
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* May 29. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Amarine

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Expressman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 85 N Front St.

*Cause of Death,* First (Primary), Pneumonia.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks,

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* May 31st 1886

*Undertaker,* Ed L Byrne

*Place of Business,* Front St

J. O. Columbus M. D.
Medical Attendant.

*Address,* 133 N Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21986 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Fowler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 3 *Months,* 3 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give Street and Number.} 13 Union Ave

*Cause of Death,* First (Primary), Measles

Second (Immediate), Exhaustion from Bronchitis

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Catonsville Balto Co

*Date of Burial,* May 30 1886

*Undertaker,* Wilhelm Wenger

*Place of Business,* 62 East St

J. H. Johnson M. D.
Medical Attendant.

*Address,* 41 N. Gay St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Hereof.

# Health Department, City of Baltimore.

Permit No. 91987 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 29 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fuhrman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 19 *Years,* 6 *Months,* 4 *Days*

*Color,* White

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Satchel Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 310 Mulberry St

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate), Asthenia

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* May 30th /86

*Undertaker,* M. Cashman

*Place of Business,* 227 Mulberry St

Jas. E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 91988 — *Office of Registrar of Vital Statistics.* — Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis H. Chase

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* *Months,* *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ~~Baby~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 119 N. Durham St

*Cause of Death,* First (Primary), Chronic Croup

Second (Immediate),

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem'y.

*Date of Burial,* May 31/86.

*Undertaker,* Wm S. Fry

*Place of Business,*

Geo. W. Watson M. D.
Medical Attendant.

*Address,* 108 Aisquith St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9789 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Roman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 21 *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 91 S. Broadway

*Cause of Death,* First (Primary),

Second (Immediate), Measles

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Ground

*Date of Burial,* May 30

*Undertaker,* [illegible] & Nicholas L. Dashiell M. D. Medical Attendant.

*Place of Business,* 151 S. Bond *Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9 1 9 9 6 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 30 1886 BALTIMORE

*Date of Death,* May 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry E. Smith

*Sex, Male* ~~*or Female,*~~ {Cross out the word not required in this line.} Male

*Age,* ~~*Years,*~~ ..... ~~*Months,*~~ 3 *Days*

*Color,* White

~~*Married,*~~ ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 910 Aliceanna st

*Cause of Death,* First (Primary), Trismus Nascentium

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* May 30/86

*Undertaker,* Michael Kunk

*Place of Business,* 65 Bank St *Address,* 22 Lexington Square

Thomas B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9199 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 29 — "86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Sacks

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days*

*Color,* Wht.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 years.

*Place of Death,* {Give Street and Number.} City Hospital.

*Cause of Death,* First (Primary), Laceration of left lung from fracture.

Second (Immediate), ribs caused by being accidentally run over by a cart

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Forged at congregation cemetery

*Date of Burial,* Sunday May 30th 86. 4 P.M.

*Undertaker,* D. Sondheim

*Place of Business,* 38 N. Greene St. *Address,* Coroner.

Alexander Hill, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 91993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* May 28th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mabel Gettings

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 35 *Days.*

*Color,* Col. *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 128 Eden St

*Cause of Death,* First (Primary,) .....

Second (Immediate,) Scrofula — Life

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Abbey Cemetery

*Date of Burial,* May 30th 1886

*Undertaker,* Wm. M. Madden

*Place of Business,* 46 Eastern Ave

J. J. Groff, M. D.
Medical Attendant.

*Address* 137 Eden St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 21993 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Voigt

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days*

*~~Color,~~*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 13 Abbott st

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 day.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus.

*Date of Burial,* May 30. 1886

*Undertaker,* Frank. Grach

*Place of Business,* 249 N Durham

A. L. Gage M. D.
Medical Attendant.

Address 361 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91994 *Office of Registrar of Vital Statistics.* Ward 1 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPT. MAY 30 1886 BALTIMORE

*Date of Death,* May 29 1E 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Druschler

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 327 Boston St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Oak Hill

*Date of Burial,* May 30 1E 1886

*Undertaker,* Geo Lamas Frane

*Place of Business,*

James A Steuart M. D.
~~Medical Attendant.~~

*Address,* Cor 26th & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth ~~as far as~~ the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 11995 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sutton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days*

*Color,* ed

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Maryland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 54 East st

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Heart disease

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Odd Fellows Cemetery

*Date of Burial,* May 30 1886

*Undertaker,* Wm. C. L. Engel

*Place of Business,* 62 East st

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 n. Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 91994 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winfield Myers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* Five *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 128 N Durham St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* May 31st 1886

*Undertaker,* Wm C Burns

*Place of Business,* 62 East St

Sam'l J Bolch M. D.
Medical Attendant.

*Address,* 134 N Exeter St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 91997

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hopkins.

*Sex, Male or Female,* {cross out the word not required in this line.} Male.

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Driver of Dray.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md.

*Duration of Residence in the City of Baltimore,* about 10 years.

*Place of Death,* {Give street and number} 2 Hagen's Court.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Sub-Ground

*Date of Burial,* May 30/86

*Undertaker,* George Reinhart

*Place of Business,* Health Dept

Jno H. Lowman M. D.
Medical Attendant.

*Address,* 2386 Monument E. S.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. BAGLEY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9198 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara A. Murphy

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 185 Forrest St.

*Cause of Death,* First (Primary), Meningeal Inflammation

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* May 30 th

*Undertaker,* H. O. Windefeld

*Place of Business,* 100 Gurnit St

Jno. Brooke Bayne M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 11999 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 28. 5 30 A.M. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Roache

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 53 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Carter

*Birth Place,* {State or country, and how long in the United States if of foreign birth.} County Mido Ireland

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give Street and Number.} 166 S. Canal

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Gastritis

*Duration of Last Sickness,* Since May 25: 1886

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* May 31/86.

*Undertaker,* Henry McInnis

*Place of Business,* No 8 N Central Ave *Address,* 299 E Baltimore St

James E Ennis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 12000 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 30 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* May 29/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan A. Lynch

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* about 60 yrs.

*Place of Death,* {Give Street and Number.} 188 Bank St.

*Cause of Death,* First (Primary), Hemiplegia

Second (Immediate), Cerebral Hemorrhage

*Duration of Last Sickness,* about 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Cem. Phila Road

*Date of Burial,* May 31 or 86

*Undertaker,* G. Franc

*Place of Business,* Bank & Wolfe *Address,* 50 & Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 12001 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 29, 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mark Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* of actual

*Place of Death,* {Give Street and Number.} No 1 Pine St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 1 day 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns new Cem

*Date of Burial,* May 30 '86

*Undertaker,* G. F. Evans

*Place of Business,* Pant & Wolfe *Address,* 311 E Balto St

J. Heuisler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92002 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 29. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Edward Finney.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* one *Years,* Five *Months,* [illegible] *Days*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} [illegible]

*Occupation,* [illegible]

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Church St. Balto City.

*Duration of Residence in the City of Baltimore,* 1 yr.

*Place of Death,* {Give Street and Number.} 235 Hughes St.

*Cause of Death,* First (Primary), Capillary Bronchitis.

Second (Immediate), Asthenia.

*Duration of Last Sickness,* 11 days.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 31 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 E. Monument St. *Address,* 201 Hanover St.

Robt. Bond, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. 92003

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92003 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* May 30th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Coprowski

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laboser

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Ten months

*Place of Death,* {Give Street and Number.} # 62 Lancaster St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* H Q Catholic Cem'ty

*Date of Burial,* Mai 31 86

*Undertaker,* Eck Brothers

*Place of Business,* 26 S Bond St

John H Schlegen M. D.
Medical Attendant.

*Address,* 243 Aliceanna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 92004

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92004 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

23

## CERTIFICATE OF DEATH.

*Date of Death,* May 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Moldgrieve

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 27 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} S. E. Cor. Haight & Hollins St.

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Congestion of the Lungs

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 1st

*Undertaker,* Geo Schilling

*Place of Business,* Alland Eyman

John Morris M. D.
Medical Attendant.

*Address,* 5 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 92005

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92005 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* May 3d 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Millinen

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters of the Poor

*Cause of Death,* First (Primary),

Second (Immediate), Debility & age

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Thurs 31 1886

*Undertaker,* W. F. Blotkamp

*Place of Business,* E. Lombard St *Address,*

Jno. Brooke Bayne M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burials to the Office

No. 92006

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92006 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

## CERTIFICATE OF DEATH.

*Date of Death,* May 29 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Powers

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* ——— *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents Asylum.

*Cause of Death,* First (Primary), Fibrinous Croup.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathl. Cemetery

*Date of Burial,* May 31st 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St.

F. J. Flannery M. D.
Medical Attendant.

*Address,* 1044 Dr. Hillen.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9200

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

**Permit No.** 9200 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* May 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Aug. Henry Ritter

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 19 *Days*

*Color,* White

~~*Married, Single, Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 449 S. Montgomery St

*Cause of Death,* First (Primary), Catarrh Fever

Second (Immediate).

*Duration of Last Sickness,* Six Weeks

the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* May 31st 1885

Geo. H. Fenwick M. D.

Medical Attendant.

*Undertaker* Wm J Tickner

*Place of Business,* 65 S. Eutaw St *Address,* 65 S. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 92008

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92008 *Office of Registrar of Vital Statistics.* Ward 8 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* May 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos R. A. Carpenter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Brooklyn N.S.

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 40 Holbrook St.

*Cause of Death,* First (Primary), Chronic Diarrhoea

Second (Immediate),

*Duration of Last Sickness,* 2½ years ?

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* May 31

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 High St *Address,* 280 E. Eden St

Edwin B. Fenby M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 92009

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92009 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

23

## CERTIFICATE OF DEATH.

*Date of Death,* May 30 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Springfield M Miller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days*

*Color,* C

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 202 Preston

*Cause of Death,* First (Primary), (

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* June 2 1886 J H Latimer M. D.

*Undertaker,* Alex Kemsley Medical Attendant,

*Place of Business,* 116 Archard Address, 19 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 2618

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92410 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustina Wutski

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Four Years.

*Place of Death,* {Give Street and Number.} # 63 Lancaster

*Cause of Death,* First (Primary), Typhoid Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* June 1st 1886

*Undertaker,* Fred Gaag

*Place of Business,* 298 S. Caroline *Address,* 24 3 Hill Annex

John H. Pellberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 92011

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92011 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 30 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis J. Bradley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* 29 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 87 Randall St

*Cause of Death,* First (Primary), Cold

Second (Immediate), Pneumonia + Dysentery

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* May 31st

*Undertaker,* B. Hearle

*Place of Business,* 82 West St

*By* Jerome Cox M. D.

Medical Attendant.

*Address,* 146 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 92012 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Mar 29/86.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Snyder.

*Sex, Male ~~or Female,~~* { Cross out the word not required in this line. } Male

*Age,* 1 *Years,* 7 *Months,* 11 *Days,*

*Color,* White

*~~Married, Single, Widow or Widower,~~* { Cross out the word not required in this line. } Child

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 93 Pierce St.

*Cause of Death,* First, (Primary,) Concussion of Brain &c,

Second, (Immediate,) Meningitis & Convulsions

*Duration of Last Sickness,* two weeks,

All the above Information should be furnished by the Physician.

*Place of Burial* Loudon Park Cem

*Date of Burial,* May 31st 1886

H. R. Fetterhoff M. D., Medical Attendant.

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont Residence, 227 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92013

## *Office of Registrar of Vital Statistics.*

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

# CERTIFICATE OF DEATH.

*Date of Death,* May 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathrine Sharp

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 32 *Years,* 5 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} 82 Edmount Ave

*Cause of Death,* First (Primary), Puerperal Fever

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 1 1886

*Undertaker,* John W Jackson

*Place of Business,* Gay & Lorsbner *Address,* 228 E. Preston St

W. B. Billingslea M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9201 *Office of Registrar of Vital Statistics.* Ward 9th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* ~~June~~ May 30/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gaine

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* —— *Days*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul St

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* May 31 1886

*Undertaker,* John Rinehart

*Place of Business,* Health Office *Address,* 127 St Paul St

Thos J Ware M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92015 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 29. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ann Jones

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since born

*Place of Death,* {Give Street and Number.} 33 S Paca St.

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* May 31st

*Undertaker,* Bohan & Conan

*Place of Business,* 89 Hollins st

C. H. Brown M. D.
Medical Attendant.

*Address,* 533 S Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9206 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 29 - 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward V. Bilay (Bierley)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* 1 *Months,* 14 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Lacer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Camden N J

*Duration of Residence in the City of Baltimore,* 7 yrs

*Place of Death,* {Give Street and Number.} 678 Saratoga St.

*Cause of Death,* First (Primary), Pulmonary Tuberculosis

Second (Immediate),

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* W S Cemetery

*Date of Burial,* May 31 86

*Undertaker,* Ashbury & Dorsey

*Place of Business,* No 263 Light St Address, 22 Edmondson Ave

J. Mc. Thurston May M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92017 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 6th, 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Gast

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give Street and Number.} 8 E. Eutaw

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* May

*Undertaker,* Wendell

*Place of Business,* 151 E. Bowe *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92018 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 30, 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie. Falckner

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} "

*Age,* 1 *Years,* 2, *Months,* *Days.*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Culpepper Co. Va.

*Duration of Residence in the City of Baltimore,* 1 year.

*Place of Death,* {Give Street and Number.} 469 Lander St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* May 31st 1886

*Undertaker,* Jos B Leach

*Place of Business,* 1707 N Gilmor *Address,* 837 N Fremont St

J. R. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92019 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 30

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine H Inmler

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* 1 *Months,* 11 *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} √

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 42 Fredk Ave

*Cause of Death,* First (Primary), Inflammation of Brain

Second (Immediate),

*Duration of Last Sickness,* 7 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* June 1st 1886

James Bosley M. D.
Medical Attendant

*Undertaker,* Jas B Lord

*Place of Business,* No 707 N Baltimore *Address,* 219 Hollins

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92020 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 31 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Wilson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* " *Months,* *Days*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 6 yrs.

*Place of Death,* {Give Street and Number.} 11 S. Bethel St.

*Cause of Death,* First (Primary), Peritonitis (after Childbirth)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 1 1886

*Undertaker,* I J Locks

*Place of Business,* 73 Jefferson St

E. P. Owens *M. D.*

Medical Attendant.

*Address,* 845 E. Balto. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. 16

Permit No. 9202/ *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 29th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* Probably 3 *Days.*

*Color,* Black.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime Born at Veterans Home, Hamburg & Hamilton

*Place of Death,* {Give Street and Number.} Found dead on Street - (Exact locality not given)

*Cause of Death,* First (Primary), Unknown. Probably ~~Fetus~~ Jaundice.

Second (Immediate), ———

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* W. S. Cemetery

*Date of Burial,* May 31. 86

*Undertaker,* Fred. A. Keuchy

*Place of Business,* Health Office *Address,* 404 Dr. Hill Ave.

R. Flannery Coroner - M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92022 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 22, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Murphy,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* U.S. Signal Service,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} N. York City,

*Duration of Residence in the City of Baltimore,* 20 Years,

*Place of Death,* {Give Street and Number.} 121 N Eutaw St.

*Cause of Death,* First (Primary), Pulmonary Tuberculosis,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 1st 1886

*Undertaker,* A. Rosenberger

*Place of Business,* 70 Hanover St. *Address,* 123 N Eutaw St

F. W. Thomas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92023 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 29 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 29/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vinnie bel & Geo. Williams Parents

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* ~ *Months,* 2½ Hours ~~Days~~

*Color,* cd

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 8 Carlton St

*Cause of Death,* First (Primary),

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* May 31/86

*Undertaker,* F. A Kerchner

*Place of Business,* Harlem Av *Address,* ~~Carlton~~ 6 W 36th St

Thos A Edwards M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E Brown
Inspector

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92024 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J Smith.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* — *Days*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 10 N Spring St

*Cause of Death,* First (Primary), Morbilli

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* May 31 1886

*Undertaker,* Henry McE Dyer

*Place of Business,* 478 W Baltimore St

Medical Attendant. *M. D.*

*Address,* 1 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92025 *Office of Registrar of Vital Statistics.* Ward 5 4

HEALTH DEPARTMENT MAY 31 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 30th. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice and Hanson Smith (Parents)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~~~ *Years,* ~~~~ *Months,* 5 Minutes *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 202 Chesnut St

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), (6 Months)

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* May 31st. 1886

*Undertaker,* Chas. H. Butler

*Place of Business,* 132 N. Caroline St *Address,* Canton

Thos. A. Shenk M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John M. De Goey Inspector

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the [illegible]

# Board of Health, City of Baltimore, 19

Permit No. 92026

*Office of Registrar of Vital Statistics.*

SOUTH DISPENSARY
MAY 31 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* May 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Rebecca Irving

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 46 *Years,* 9 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and number.} 85 North Stricker St

*Cause of Death,* First, (Primary.) Cancer of the Uterus

Second, (Immediate.) Anaemia

*Duration of Last Sickness,* 7 months,

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 1st 1886

*Undertaker,* John Schaefer

*Place of Business,* N. 15 Lanvale St

Amanda Taylor Jones, M.D.,
Medical Attendant.

*Address,* 93 Harlem Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9207 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 48 *Years,* 0 *Months.* 0 *Days*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Furniture Mover

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} No 41 Carlton st

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Heart Disease ✓

*Duration of Last Sickness,* 9 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Pinny Grove Balt

*Date of Burial,* June 1 1886

*Undertaker,* William Lange

*Place of Business,* 628 East St

Benj F Bohner M. D.
Medical Attendant.

*Address,* Cor Mulberry & Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 9428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* May 31. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Kate Foos

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Female

*Married,* ~~*Single, Widow or Widower*~~ {Cross out the words not required in this line.}

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 431 E. Chase St

*Cause of Death,* First (Primary,) Phthisis

Second (Immediate,)

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery J. J. Gross M. D.

*Date of Burial,* Wednesday Medical Attendant.

*Undertaker,* Mears-Henry W. *Address* 137 St Paul St

*Place of Business,* 22 W Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Returns below, and to those on the Reverse Side of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92029 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 30th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Shallenberger

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give Street and Number.} 28 Park St

*Cause of Death,* First (Primary), Diabetes

Second (Immediate), Apoplexy

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus cemetery

*Date of Burial,* June 1st 1886

*Undertaker,* A. Rosenberger

*Place of Business,* 70 Aisquith St *Address,* 2 Eastwood Ct

H. H. Tyndall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92030 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward N. Mann.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 11 *Months,* *Days*

*Color,* W.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Phil. Pa.

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give Street and Number.} 386 E Chase St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Coma

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 2nd

*Undertaker,* Ecodschilling

*Place of Business,* Ashland Square

A. L. Gage M. D.
Medical Attendant.

*Address,* 361 N Broadway

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this...

# Health Department, City of Baltimore.

Permit No. 92031 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* May 31st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Margaret~~ Mr. & Mrs. H. Holden

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, Months, 1 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 44 Hammond alley.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 44 Hammond alley.

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* June 1st 86

*Undertaker,* Michael Finck

*Place of Business,* 35 Bank St

C. J. Maguire M. D.
Medical Attendant.

*Address,* 285 Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore,

Permit No. 92032 *Office of Registrar of Vital Statistics,* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 1 1886
BALTIMORE, MD.

83

## CERTIFICATE OF DEATH.

*Date of Death,* May 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Osburn

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* ——— *Months,* ——— *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and Number.} 229 N Carrollton

*Cause of Death,* {First, (Primary,) ———
Second, (Immediate,) Lung Disease.

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Anne arundel County

*Date of Burial,* June 1st 1886

*Undertaker,* M. A Dayer

*Place of Business,* 74 S. Howy,

J. M Hewlett M. D.,
Medical Attendant.

*Address* 36 Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4214 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 92033 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* May 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Reitz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* 2 *Months,* 27 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Brewer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baden Germany

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} Bel Air Ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* June 2nd 1886

*Undertaker,* Jos B Lamb

*Place of Business,* 1707 N Gilmor

Louis C. Hon M. D.
per E.H.K.
Medical Attendant.

Address, 220 Mu

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...**

# Health Department, City of Baltimore.

Permit No. 9203 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

## CERTIFICATE OF DEATH.

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wisterman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* — *Months,* 14 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 28 Commerce St

*Cause of Death,* First (Primary) Gastro Enteritis

Second (Immediate) Exhaustion

*Duration of Last Sickness,* Two (2) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* May 1st 1886

*Undertaker,* F. M. Todd

*Place of Business,* #131 Hanover Address.

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 92035 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* May 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Borgerding

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* 6 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Shell Keeper driver V

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hanover Co Va

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give Street and Number.} No 278 S. Bond st

*Cause of Death,* First (Primary), Strangulated scrotal Hernia

Second (Immediate), Septicemia fifth day after operation

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity st cem

*Date of Burial,* June 1st 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Ave

L. P. Whitbeck M. D.
Medical Attendant.

*Address,* 12 S Ede...

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 31. 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. W. Linthicum

~~*Sex,* Male or Female,~~ { Cross out the word not required in this line. }

*Age,* 64 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

*Occupation,* Lumber Merchant

*Birthplace,* { State or country (and how long in the United States, if of foreign birth.) } Church Creek. Dorchester Co. Md

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* { Give street and number. } No. 328 E. Balt St.

*Cause of Death,* { First (Primary,) Chronic Laryngitis & Bronchitis / Second (Immediate,) General Asthenia

*Duration of Last Sickness,* Both Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester Co Md

*Date of Burial,* June 2nd 1886

*Undertaker,* Denny & Ritchie

*Place of Business,* 65 S Broadway

J. D. Fiske *M. D.*

Medical Attendant.

*Address* No. 328 E. Balt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

42 14 Daniel

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 9207 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* May 21. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Fix

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* 2 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 19 Brown Lane

*Cause of Death,* First (Primary), Acute Articular Rheumatism

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* June 1st 1886

*Undertaker,* John G Lantz

*Place of Business,* 6 E Fred Ave *Address,* 319 Hollins

*James Bailey* M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

# Health Department, City of Baltimore.

Permit No. 92038 *Office of Registrar of Vital Statistics,* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Preller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* — *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 289 Aisquith St.

*Cause of Death,* First (Primary),

Second (Immediate), Eclampsia

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Ft. Ridgeway Md

*Date of Burial,* June 1st 1886

*Undertaker,* Henry Hook

*Place of Business,* 306 N. Central Address,

Jno. Brooke Boyle M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Cer...

# Health Department, City of Baltimore.

Permit No. 92039 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 30 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. A. W Hale

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 323 N. Ann St

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June 1 1886

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St *Address,* 234 N. Gay St

J. F. Taylor M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BOARD OF HEALTH
JUN 1 1886
BALTIMORE, MD.

*Permit No.* 92040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 30-86

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H. Dufur

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 44 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Merchant

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Penn-

*Duration of Residence in the City of Baltimore,* 36 yrs

*Place of Death,* { Give street and number } 81 Harlem ave

*Cause of Death,* First, (Primary,) Brights Disease

Second, (Immediate,)

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 2/86

Jno J. King M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W Fayette *Address,* 215 N. Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

# Health Department, City of Baltimore.

Permit No. 92041 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tassy Lovicky

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* ~~~ *Months,* ~~~ *Days*

*Color,* Black

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* unknown

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} " "

*Duration of Residence in the City of Baltimore,* " "

*Place of Death,* {Give Street and Number.} No 4 Leffurmans Ct

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 6 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetry

*Date of Burial,* June 1st 1886

*Undertaker,* H. Reinhart

*Place of Business,* Health Office

James R Stuart M. D.

~~Medical Attendant.~~

*Address,* Com of Health Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John M. Dr Goey Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 92042 *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick W Hasse

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 301 Hanover St

*Cause of Death,* First (Primary),

Second (Immediate), ~~Meningitis~~ Meningitis Tuberculous

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* June 1

*Undertaker,* Walter Sumwalt

*Place of Business,* 315 W Biddle *Address,* 1462 Hanover St

Edward Hoffa M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 92043 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 5/31/92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice A. Wirth

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* — *Months,* 7 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 283 Franklin

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 2

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

Geo. A. Fleming M. D.
Medical Attendant.

*Address,* 172 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9204 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Callahan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 725 E. Gilmor St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Abt 4 years.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* June 2d 1886

*Undertaker,* Henry W. Mears

*Place of Business,* #22 W. Fayette St. *Address,* 18 W. Fremont St.

C. O'Donovan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 92075

## Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 3/31/96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Six

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 32 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} M

*Occupation,* Fireman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 320 S. Eutaw St

*Cause of Death,* First (Primary), Cancer of Stomach

Second (Immediate), Complicated with Lung

*Duration of Last Sickness,* disease Saw him once

All the above information should be furnished by the Physician.

*Place of Burial,* Mary Cemetery

*Date of Burial,* June 1 1896

*Undertaker,* H. Chase

*Place of Business,* 198 Howard

E. E. Sutton M. D.
Medical Attendant.

*Address,* 167 W. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 92946 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

JUN 1 1896 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* May 31. 1896.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Florence Schein

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* ____ *Days.*

*Color,* ____ *Sex,* ____

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 100 N. Caroline L

*Cause of Death,* First (Primary,) ____

Second (Immediate,) Marasmus

*Duration of Last Sickness,* Life —

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cimetery

*Date of Burial,* June 2 d

J. L. Gwynn M. D.
Medical Attendant.

*Undertaker,* H. C. Windefeld

*Place of Business,* 100 Granmit Ave

*Address* 137 S. Eden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 92047 *Office of Registrar of Vital Statistics,* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 1 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* 5th mo. 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah and Maria Taylor Parents

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 5 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 5 days

*Place of Death,* {Give Street and Number.} 338½ N. Howard St.

*Cause of Death,* First (Primary), Infantile Convulsions

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 1st 1886

*Undertaker,* W.W. Madden

*Place of Business,* 46 East St

M. E. Hargrauer *M. D.*
Medical Attendant.

*Address,* 145 Park Avenue.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92048 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 1. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. F. Fowler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 9 *Months.* — *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 7. Cumberland Court.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 7. Cumb. Court.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Old Westminster

*Date of Burial,* June 2/86

*Undertaker,* Chas. J. Bowen

*Place of Business,* 2 L Eutaw Address, 193 Pratt

G. W. Norris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4215 Pratt

[over.]

# Health Department, City of Baltimore.

Permit No. 92849 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ulrath Cromwell Carlisle

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} F

*Age,* 89 *Years,* 10 *Months,* 25 *Days.*

*Color,* White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Green Spring Valley Baltimore Co Md

*Duration of Residence in the City of Baltimore,* 34 1/4 years

*Place of Death,* {Give Street and Number.} 68 N. Greene St

*Cause of Death,* First (Primary), ....

Second (Immediate), Senility

*Duration of Last Sickness,* ....

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 3rd 1886

*Undertaker,* Louis Schaefer

*Place of Business,* 71 Fremont St *Address,* 66 N. Greene St

Jos Clarke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92050 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* May 31 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Thompson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 28 Williamson

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* June 2 86

*Undertaker,* Geo. H. Levy

*Place of Business,* No 263 Light St *Address,* 151 Hanover St

J. C. Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 42057 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* May 31. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Alton

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} 2 Ridgeway ch

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* Since Dec 12 1885

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St cemetery

*Date of Burial,* June 2 1886

*Undertaker,* Hercules Ross

*Place of Business,* 45 Eastern Ave Address, 640 W Lombard St

H. H. Goodman M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 92052 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* May 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Velten

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

*Age,* 17 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore V

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 214 Ringgold Alley.

*Cause of Death,* First (Primary), Chill

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* 2 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* June 2nd 1886

*Undertaker,* C. F. Krause M. D.

*Place of Business,* 209 Hanover *Address,* Comm of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dunning undertaker

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 92053 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1887 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 1. 1887

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte J. Lawrence

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* — *Months,* — *Days*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 257 Cross St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Locust Cemetery

*Date of Burial,* June 2nd 1887

*Undertaker,* Geo Watkins

*Place of Business,* 221 Hanover *Address,* 146 Hanover St

Edward Otte M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 92054 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUN 2 1886

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minie Hirt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Two (2) *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 33 Abbott St

*Cause of Death,* First (Primary), Confluent Variola

Second (Immediate), ——

*Duration of Last Sickness,* One (1) week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Stephanus Cr

*Date of Burial,* June 2. 1886

*Undertaker,* Hank. Grach

*Place of Business,* ~~242~~ W. Durham

S. E. Flohr M. D.
Medical Attendant.

Address, 60 Eager Baltic

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3 *92055

# Death Certificate

HEALTH DEPARTMENT
JUN 2 1886
BALTIMORE, MD.

92053

Date of Death — June 1st 1886
Name of Deceased — Frankie Zacharda
Sex — — Male
Age — — 1 Year & 10 Months
Col. — — White
Birth Place, — Bond St No 329
Death " — " " " 376 Eastern ave
Duration in Balt. City — Lifetime
Death Cause — Pneumonia
Duration of Sickness — About a Week

Attending Physician

ack
ue 2
sion Mals Comm'r A. J. Foord — 169 Bank

92053

# Health Department, City of Baltimore.

Permit No. 92056 *Office of Registrar of Vital Statistics* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 1. 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Dinskey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tyre

*Birth Place,* {State of country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 23 S. Gay St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Ten months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* 2 June

*Undertaker,* W. Dipple

*Place of Business,* 161 E. Bond St.

G. G. Link M. D.

Medical Attendant.

*Address,* 324 S. Gay St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited [illegible] this Certificate.

# Health Department, City of Baltimore.

Permit No. 92057 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 1, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H Lewis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 32 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Captain of Steamboat

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* {Give Street and Number.} 16 Warren av

*Cause of Death,* First (Primary), Thoracic Aneurism

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Centreville Md

*Date of Burial,* June 3rd 1886

*Undertaker,* Armstrong & Conoy

*Place of Business,* 263 Light St.

H W Webster M. D.
Medical Attendant.

*Address,* 101 Barney

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4216 Fawcett

# Health Department, City of Baltimore.

Permit No. 92058 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Albert Pearce

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Since Birth,

*Place of Death,* {Give Street and Number.} No 210 N Bond St

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate), Water on the Brain

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 2nd 1886

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Caroline *Address,* 121 E Balto St

E. Ridgway Hodge M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92059 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 1. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mader

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days.*

*Color,* W

*~~Married, Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 48 yrs

*Place of Death,* {Give Street and Number.} 376 Saratoga St

*Cause of Death,* First (Primary),

Second (Immediate), General Debility with Sudden Heart failure

*Duration of Last Sickness,* Few Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* June 2 1886

*Undertaker,* A Rauberger

*Place of Business,* 70 Mulberry *Address,* 306 N. Eutaw St

C W Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92060 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED DEPARTMENT, JUN 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bach

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 20 Holbrook St.

*Cause of Death,* First (Primary), Rubeola + Bronchitis

Second (Immediate),

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cem

*Date of Burial,* June 3 1886

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St *Address,* 283 N. Eden St.

Edwin B. Fauby M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92061 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Becker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} # 40 Ridgely

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Spasm

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 2nd 1886

*Undertaker,* Joseph Iverden & Son

*Place of Business,* No 59 N. Shroder St *Address,* 166 S. Paca St

C. C. Buddenbohn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92062 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* May 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Pierce

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* 4 *Months,* 1 *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 274 Montgomery St

*Cause of Death,* First (Primary), Pulm Tuberculosis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 2nd 1886

*Undertaker,* Saml W Chase

*Place of Business,* 195 S. Howard St *Address,*

.....M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92063 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 31 May 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel E. Purdy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 697 S. Charles st

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give Street and Number.} 697 S Charles

*Cause of Death,* First (Primary), Catarrhal Consumption

Second (Immediate), .....

*Duration of Last Sickness,* 4 or 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* June 2 86

*Undertaker,* J. B. Cook

*Place of Business,* 707 N Bal

John Hood M. D.
Medical Attendant.

*Address,* 694 W. Fayette st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92064

*Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Camill

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Isle of Man

*Duration of Residence in the City of Baltimore,* 59 yrs.

*Place of Death,* {Give Street and Number.} 202 Hollins st

*Cause of Death,* First (Primary), Old age

Second (Immediate), Heart failure

*Duration of Last Sickness,* 14 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* June 2/86

*Undertaker,* J. B. Ecol

*Place of Business,* 707 W. Balto st

P. T. Bristow M. D.
Medical Attendant.

*Address,* 187 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92065 *Office of Registrar of Vital Statistics.* Ward 18.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 1. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliana Enick

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days*

*Color,* Colored

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} 13 Wilkens ave

*Cause of Death,* First (Primary), Old age

Second (Immediate),

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Pikesville Md

*Date of Burial,* June 3 86

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* [illegible]

James Bailey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92066 *Office of Registrar of Vital Statistics.* Ward 12 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Beam

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 9 *Months,* 7 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 326 Division St.

*Cause of Death,* First (Primary), Capillary bronchitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 weeks & 1 day.

All the above information should be furnished by the Physician.

*Place of Burial,* Stoney Chapel Balto. Co.

*Date of Burial,* June 3rd 1886

*Undertaker,* Wm. Weaver

*Place of Business,* 202 N. Eutaw St.

Spencer H. Free M. D.
Medical Attendant.

Address, 460 Eutaw Place.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92067 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 2 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah.

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* June 3rd 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* Hulen ave & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92068 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 1 /86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 6 *Months,* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 5 months.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* June 3d 1886

R. H. Goldsmith M. D.
Medical Attendant.

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92069 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Darkins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 21 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 23 N. Duncan Alley

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* Since birth

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* June 2nd 1886

*Undertaker,* Wm H Dungee

*Place of Business,* 62 East St *Address,* Balto & O R R

Thos A Stewart M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M M Reuen
Sanitary Inspector

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92070 *Office of Registrar of Vital Statistics.* Ward 6 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Darka

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* Six *Months,* fifteen *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} /

*Occupation,* — — — — — — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Six Months 15 days

*Place of Death,* {Give Street and Number.} No 10 Burke St near Monument

*Cause of Death,* First (Primary), Measles

Second (Immediate), Catarrhal Pneumonia

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphansus Cem.

*Date of Burial,* June 2. 1886.

*Undertaker,* Frank. Leach.

*Place of Business,* 249 N Durham *Address,* 256 N. Eden St.

John H. Pickel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 92071 *Office of Registrar of Vital Statistics.* Ward 13 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

a

# CERTIFICATE OF DEATH.

*Date of Death,* Tuesday, June 1st, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Brennan,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 52 *Years,* — *Months,* — *Days,*

*Color,* White,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓ Married

*Occupation* Tailor,

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland, 34 years in U. S.

*Duration of Residence in the City of Baltimore,* 34 years.

*Place of Death,* {Give street and Number.} 342 W. Pratt St.

*Cause of Death,* First (Primary), Carcinoma of Stomach.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About two (2) years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters.

*Date of Burial,* June 3rd/86

*Undertaker* M. Cadogan

*Place of Business,* 227 Mulberry St. *Address,* 307 Lexington St

L. de L. Gorgas, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92072 *Office of Registrar of Vital Statistics.* Ward 16 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HARTE-DERINGER
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 1. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L Lewis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 78. *Years,* 8. *Months,* 20 *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Ship Builder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} 432 Aliceanna St

*Cause of Death,* First (Primary),

Second (Immediate), Bronchitis

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 3rd 1886

*Undertaker,* Wm J Tichner

*Place of Business,* 65 S. Eutaw

Howard Lewis M. D.
Medical Attendant.

*Address,* 1460 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Certificate.

# Health Department, City of Baltimore.

Permit No. 92073 *Office of Registrar of Vital Statistics.* Ward 1 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 1 1886 Elsasser

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Shaefer

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* 10 *Months,* 28 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tavern Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 yrs

*Place of Death,* {Give Street and Number.} 100 S. Wolfe

*Cause of Death,* First (Primary), Cirrhosis Liver

Second (Immediate), Hydrops

*Duration of Last Sickness,* 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Conv

*Date of Burial,* June 4th

*Undertaker,* W Dipfel

*Place of Business,* 137 S Bond *Address,* 148 S. Baltimore

J Slattery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9207 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mech

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 1 *Years,* 1 *Months,* *Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 176 S. Eden St.

*Cause of Death,* First (Primary), Internal Convulsions

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* June 3rd

*Undertaker,* W. Layfield

*Place of Business,* 157 S. Bond St.

John H. Kehoe M. D.
Medical Attendant.

*Address,* 243 Alice Anna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92075 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS DEPARTMENT
JUN 4 1886
BALTIMORE, MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 2 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann D. Williams

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* 10 *Months,* 15 *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* 60 Years

*Place of Death,* {Give street and Number.} Union Protestant Infirmary

*Cause of Death,* First, (Primary.) Gradual Paralysis

Second, (Immediate) General Debility and old age

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 3d 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave & Mt Royal & Boundary aves

C. Fawcett M. D.,
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92076 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 2, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gerber

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 98 Calhoun St

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* ~~June 5~~ 4th

*Undertaker,* ~~Peter J Lennon~~ James Bosley M. D.
Medical Attendant.

*Place of Business,* 89 Baltimore st *Address,* 319 N Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

*Permit No.* 92077

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1884

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas Howard Schwartz

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* White *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* 1 6 Months

*Place of Death,* { Give street and number. } 42 S Paris alley

*Cause of Death,* { First (Primary,) Measles / Second (Immediate,) Pneumonia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mungos

*Date of Burial,* June 3rd

*Undertaker,* J Wm J Coman

*Place of Business,* 69 Bolton st

42 S Paris alley M. D.
Medical Attendant.

*Address* 215 Orleans

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92078 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 3 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Royston Jones

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* 6 *Months,* — *Days*

*Color,* ed

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 130 N. Eden St

*Cause of Death,* First (Primary), Asthma & Pneumonia

Second (Immediate), Consumption

*Duration of Last Sickness,* about 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 3rd 1886

*Undertaker,* J J Locke

*Place of Business,* 73 Jefferson Pl *Address,* 105 N. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92079 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael O'Neil

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 5 *Months,* 26 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Dred Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 22 Jrs

*Place of Death,* {Give Street and Number.} 7 Parkin St.

*Cause of Death,* First (Primary), Congestion of Brain

Second (Immediate), Sudden effusion

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* June 4th 1886

*Undertaker,* Henry H. Mears

*Place of Business,* 22 N. Fayette St

John Neff M. D.
Medical Attendant.

*Address,* 206 N Eutaw Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92080 *Office of Registrar of Vital Statistics.* Ward 1/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 2d, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Cooper

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Sixty Six *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Produce Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Thirty Years

*Place of Death,* {Give Street and Number.} No. 371 East Lombard Street

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate), Hydro Thorax

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 4 86

*Undertaker,* Wm F. Fry

*Place of Business,* 57 W Broadway *Address,* No 102 N Broadway

Wm H Glendinen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92081 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 2nd June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie A Myer (Meyer)

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 31 S. Paterson Park Ave.

*Cause of Death,* First (Primary), Abscess in Breast

Second (Immediate), Exhaustion from Anemia

*Duration of Last Sickness,* 4 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* June 4th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 66 S Broadway, *Address,* 375 E. Balto. St.

E. F. Bovs M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92084 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 21 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kondikonako

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 15 *Days*

*Color,* to title

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ch, V

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 279 Sharp St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* Suddenly

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* June 23

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna ave

J C Burch M. D.
Medical Attendant.

Address, 151 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92983 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRY DEPARTMENT JUN 3 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis H Inmeks (Lewis Jr.)

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 66 *Years,* 3 *Months,* *Days,*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

*Occupation,* Salesman

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* From Birth

*Place of Death,* { Give street and Number. } 306 Lexington St

*Cause of Death,* First, (Primary,) //

Second, (Immediate,) Acute Inflamatory Rheumatism

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemy

*Date of Burial,* June 3rd 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 53 & 55 Hayette St *Address,* 88 Hanover St

Wm Correll M. D., Medical Attendant.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92084 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 3 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Merrick

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 16 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 125 E. Madison St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 3 mos. 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 4th 1886

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Square *Address,* 213 N. Eden St.

Edwin B. Feuby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92085 *Office of Registrar of Vital Statistics.* Ward 9th

HEALTH DEPARTMENT JUN 2 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 2. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Buckman

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* — *Days*

*Color,* Colo

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul

*Cause of Death,* First (Primary),

Second (Immediate), Hydrocephalus

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 3rd 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office

Thos. J. Ward M. D.
Medical Attendant.

*Address,* 127 St Paul

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...pointed Registrars in respectfully referred to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92086 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

D

*Date of Death,* June 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Wray McDougall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* Six *Months,* Fourteen *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 158 N Calvert St

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia Exhaustion

*Duration of Last Sickness,* Twenty One days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 4th 1886

*Undertaker,* Callahan & Kinnier

*Place of Business,* 158 & 160 N. Calvert St. *Address,* 134 N Eutaw St

Saml J Belt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 9208 / *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JUN 3 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 2

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Riley

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} # 18 Upton St

*Cause of Death* { First (Primary), Tuberculosis Pulmonary.
Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 3rd 1886

*Undertaker* H. H. Bishop Jr

*Place of Business,* 97 Druid Hill Ave

John G. Stuck, M. D.
Medical Attendant.

*Address,* 8 Apollo Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 72088

*Office of Registrar of Vital Statistics.*

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 2 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Fleischer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 64 *Years,* ~ *Months,* ~ *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germ

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give Street and Number.} 914 S Paca St

*Cause of Death,* First (Primary), ~

Second (Immediate), Bronchitis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician

*Place of Burial,* [redacted] Baltimore county

*Date of Burial,* June 4th 1886

*Undertaker,* J. B. Cook

*Place of Business,* 707 Balto St

M. D.

Medical Attendant.

*Address,* 1501 Pacca

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92089 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* ~~June~~ June 3/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. L. Phillips

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* — *Months,* — *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~* {Cross out the words not required in this line.}

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Lifetime

*Place of Death,* {Give Street and Number.} 70 S. Wolf (St.)

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* June 5th 86

*Undertaker,* J. G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 50 S Broadway

R. W. Mansfield *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92090 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 2. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Beiger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 69 N Wolf St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate),

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* June 4th 86

*Undertaker,* G Franca

*Place of Business,* Bank & Wolfe *Address,* 344 E. Balto St.

J. H. Ellenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92091 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED

83

## CERTIFICATE OF DEATH.

*Date of Death,* June 2nd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah McManamen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} West & Burgundy Sts

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* June 2. 1886.

*Undertaker,* Wm H Hickman

*Place of Business,* 234 N. Eutaw St *Address,* 151 Vanover St

I C Burch M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92092 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH. 13

*Date of Death,* June 3 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Haskamp

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 9 mths

*Place of Death,* {Give Street and Number.} 9 Elizabeth Lane

*Cause of Death,* First (Primary), Gastro-enteritis

Second (Immediate), Apnoea

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* June 4th

*Undertaker,* B Hale

*Place of Business,* 52 West St

R W & O Ellis M. D.
Medical Attendant.

*Address,* Fayette & Mulberry Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ne can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92093 *Office of Registrar of Vital Statistics.* Ward 2T

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN - 3 1886

a

## CERTIFICATE OF DEATH.

*Date of Death,* June ~~Six~~ 2d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Buck

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.}

*Age,* about 33 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Shirt Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Lower Maryland

*Duration of Residence in the City of Baltimore,* about 12 Years

*Place of Death,* {Give Street and Number.} 1 r. Hammond Alley

*Cause of Death,* First (Primary), Syphilis

Second (Immediate), Pulmonary Abscess & General Catarrh

*Duration of Last Sickness,* about Three (3) Years

All the above information should be furnished by the Physician.

*Place of Burial,* Ea Prot Cemetery

*Date of Burial,* June 3rd 86

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office *Address,* 111 E Broadway

C. Hall Nuttle M. D.
~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92094 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* 6. 2. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Finney

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 7 *Days*

*Color,* Colored

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 89 Moores alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Abscess on skull

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Evans St Cemetery.

*Date of Burial,* June 3rd 1886

*Undertaker,* Rich Kennedy

*Place of Business,* 116 Orchard St *Address,* 242 N Eutaw St

D Emm. Janney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92095 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 3 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Heuing

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days*

*Color,* W

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Nv

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 401 Park ave

*Cause of Death,* First (Primary),

Second (Immediate) Decay of nature

*Duration of Last Sickness,* Ade 4 ear

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 5

*Undertaker,* W Maier

*Place of Business,* ~~227~~ N Eutaw

J Sutton M. D.
Medical Attendant.

*Address,* 19 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92096 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the correct filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
JUL 3 1886
BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* June 4th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret ~~Elizabeth~~ Baker.

*~~Sex, Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* { Give street and Number. } Home for aged women corner of Gilmor & Franklin

*Cause of Death,* First (Primary), Hemiplegia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Fourteen months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 4th 1886

*Undertaker* John L. Hacker,

*Place of Business,*

H Latrobe M. D.
Medical Attendant.

Address, No 58 N Liberty St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Requested to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92097 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarethe Blank

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 56 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give Street and Number.} # 562 Cross st

*Cause of Death,* First (Primary), Apoplexy Hemorrhagic

Second (Immediate), Prostration

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 4th 1886 C. L. Buddenbohn M. D.

Medical Attendant.

*Undertaker,* Geo. Leimbach

*Place of Business,* 389 W Pratt *Address,* 166 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92098 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 4 1884 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 3 June

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara A. Wiesample

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 371 Saratoga st

*Cause of Death,* First (Primary), Old age

Second (Immediate), Heart Disease

*Duration of Last Sickness,* died Suddenly

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* 4 June, 1884

*Undertaker,* Joseph B. Cook

*Place of Business,* 707 W. Balt. st, *Address,* 594 W. Fayette st

John Howard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92099 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT B BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 6th mo. 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Taylor

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 2½ yrs. *Years,* *Months,* *Days.*

*Color* ed

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Perry Valley

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 216 Preston St.

*Cause of Death,* First (Primary), Infantile Paralysis & Constitutional Debility

Second (Immediate), Chronic Atrophy

*Duration of Last Sickness,* 2 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* June 4th 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard

Robert M. Matthews M. D.
Res. Phy.
Medical Attendant.

Address Baltimore Md. College

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9210 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH. a

*Date of Death,* June 3 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. E. Bond

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 26 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Infant

*Occupation,* "

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* {Give Street and Number.} 164 N. Schroeder

*Cause of Death,* First (Primary), Congestion of Lungs

Second (Immediate), " "

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel P. G. Co. Md

*Date of Burial,* June 4th 1886

J. H. Christian M. D.
Medical Attendant.

*Undertaker,* Wm Milstead Jr

*Place of Business,* Laurel Md *Address,* 506 Main Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4217 Frances

[over.]

...of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92101 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUN 6 1886 BALTIMORE, MD.

*Date of Death,* June 3d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 1 Chapple al

*Cause of Death,* First (Primary), .....

Second (Immediate), Hemiplegia

*Duration of Last Sickness,* about 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 5 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 E. Madison St.

H. A. Goodman M. D.
Medical Attendant.

*Address,* Cor Eutaw & Lanvale Sts

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physician is respectfully invited to the questions below, and to fill out this Certificate.

# Health Department, City of Baltimore.

Permit No. 92402 *Office of Registrar of Vital Statistics.* Ward 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SOUTH DISTRICT BALTIMORE MD 23

## CERTIFICATE OF DEATH.

*Date of Death,* June 3 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winfield S Swanson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.} —

*Occupation,* Gentleman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 183 North Calvert St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green mount

*Date of Burial,* June 4th 1886

*Undertaker,* New Enkin Kay

*Place of Business,* Park & Hamilton

F Wesh M. D.
Medical Attendant.

*Address,* 359 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 92103 *Office of Registrar of Vital Statistics.* Ward 12 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 3d 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura F. Bordley

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 50 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation* Housewife

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* { Give street and Number. } 73 Mosher

*Cause of Death,* First (Primary). Cancer of Mammary Gland

Second (Immediate). " " " "

*Duration of Last Sickness,* Three Years

the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* June 5th 1886

*Undertaker* H. W. JENKINS & SONS UNDERTAKERS Park & Saratoga Sts.

*Place of Business,*

J. D. Shreiline M. D.
Medical Attendant.

*Address,* 506 Park Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92104 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 2d, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bailey Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 19 *Years,* 8 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 3 Clark St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia.

*Duration of Last Sickness,* About 4 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* June 4th 1886

*Undertaker,* Henry W. Mass

*Place of Business,* 22 W. Fayette St. Office 262 Mad. Ave.

Eldridge C. Price M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 92105 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1896 BALTIMORE, MD.

*Date of Death.* 6th Mo. 2nd 1896.

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nettie Dent

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} /

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore.*

*Place of Death.* {Give Street and Number.} Number 2 Para Place

*Cause of Death* First (Primary). Phthisis Pulmonalis

Second (Immediate).

*Duration of Last Sickness* About four months

All the above information should be furnished by the Physician.

*Place of Burial.* Loudon Cemetery

*Date of Burial.* June 4

*Undertaker* John H. Owens

*Place of Business,* No 172 Pearl *Address,* Monroe & Biddle Sts

M. E. Hargrave M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9210 6 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 4 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 3rd Third.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Love B

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Forty (40) *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No. 256 South Edmondson Ave

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Paralysis Heart

*Duration of Last Sickness,* Thirteen (13) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June 5th

*Undertaker,* Eco & Schilling

*Place of Business,* Ash Land Square *Address,* No. 102 N. Broadway

Wm. H. Clendenin, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 92107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* June 3rd 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lew N. Aldrich

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 70 *Years,* Five *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Preacher

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Charleston S. C

*Duration of Residence in the City of Baltimore,* Mod years

*Place of Death,* {Give street and number.} 315 N. Eden St.

*Cause of Death,* First (Primary,) Apoplexy

Second (Immediate,)

*Duration of Last Sickness,* One "day

All the above information should be furnished by the Physician.

*Place of Burial,* Charlotte st. [illegible]

*Date of Burial,* June 4th

A. Graton M. D.
Medical Attendant.

*Undertaker,* Geo. Schilling

*Place of Business,* 17 & Garland Square *Address* 399 N. Central Ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92108 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 1 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 3th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry G. McClellan

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 8 *Months,* *~~Days~~*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 44 Cannon st

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* West Catmel Cemetry

*Date of Burial,* June 5th

*Undertaker,* Wm Nicolaus

*Place of Business,* 253 Alicanna

Thomas B Evans M. D.
Medical Attendant.

Its Address, 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92109 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Robinson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* 20 *Days*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 3 Stockton Alley.

*Cause of Death,* First (Primary), Hydrocephalus following Cap. bronchitis

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 8 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* June 4 1886

*Undertaker,* William N Dunger

*Place of Business,* 62 East St

Spencer M. Free M. D.
Medical Attendant.

Address, 460 Eutaw Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore, 19

Permit No. 9211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 4 1886
BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* June 2d

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Stewart

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ~~0 Years~~ 60 *Years,* ~~0 Months,~~ ~~0 Days.~~

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Calvert County Md

*Duration of Residence in the City of Baltimore,* Five years

*Place of Death,* { Give street and number } 93 Vincent Alley

*Cause of Death,* First, (Primary.) Cerebro Spinal Meningitis

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Twenty days

All the above information should be furnished by the Physician.

*Place of Burial,* Lowndes Cemetery

*Date of Burial,* June 4 1886

*Undertaker,* William N Dorsey

*Place of Business,* 62 East 3d

Julius Hall M. D.
Medical Attendant.

*Address,* 226 N. Wolfe

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 92111 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 4 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 3 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Xxx~~ Allice Johson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Two *Months,* 11 *Days,*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 252½ Rotrng St

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), .....

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Level Cemetery

*Date of Burial,* June 4th 1886

*Undertaker* William Dorsey

*Place of Business,* 62 East St

Jno R Quinan M. D.
Medical Attendant.

*Address,* 1362 N. Gilmor

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9212 *Office of Registrar of Vital Statistics.* Ward 1 (1)

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 3d, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Herbick

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 419 Canton Av.

*Cause of Death,* First (Primary), Congestion of Brain

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem.

*Date of Burial,* June 4th 1886

*Undertaker,* Wm Studer & Son

*Place of Business,* 252 Canton Av. Address, 243 Alice Anna

John H. Rehberger M. D.
Medical Attendant.

HEALTH DEPARTMENT, JUN 4 1886 BALTIMORE, MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92113 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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## CERTIFICATE OF DEATH.

*Date of Death,* June 3/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline F. Mory

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 16 *Years,* 8 *Months,* 11 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 494 Franklin st

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate), Asthenia

*Duration of Last Sickness,* about 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* May 5. 1886.

*Undertaker,* Ph. P. Dill

*Place of Business,* 183. Columbia Av

Jas. E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9211 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A or B

## CERTIFICATE OF DEATH.

*Date of Death,* June 4th 5.30 P. M. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent Lawrence Kirchhofer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} male

*Age,* 1 *Years,* 6 *Months,* ..... *Days*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 302 N. Bond St.

*Cause of Death,* First (Primary), Rubeola

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* June 6th 1886

*Undertaker,* Adam Finke Son *J. G. Dressel* *M. D.*

Medical Attendant.

*Place of Business,* 461 N. Gay St. *Address,* 325 E. Baltimore St.

HEALTH DEPARTMENT BALTIMORE MD. JUN 5 1886

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 92115 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 4/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Hopkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* 5 *Months,* 2 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Sewing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 88 Ramsey St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 3 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* June 6th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross sts *Address,* 153 Lucas

Jno D Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92116 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 5 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 5, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theadore Mdell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 61y *Years,* ____ *Months,* ____ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Restaurant Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York "

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate), Heart Failure

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Brooklin New York

*Date of Burial,* June 5. 1886

*Undertaker,* Henry Mc Ginis

*Place of Business,* 8 N Calvert St

William S Gardner M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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# Health Department, City of Baltimore.

Permit No. 92117 *Office of Registrar of Vital Statistics.* Ward 19 2 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 5 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 3d June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C Albaugh

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* — *Months,* 3 2 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Fredk Co Md

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give Street and Number.} 1356 Gilmor St

*Cause of Death,* First (Primary), Ischurus Tumor Stomach

Second (Immediate),

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Cemetery

*Date of Burial,* June. 6th 1886

*Undertaker,* Wm. Weaver. H. Owings M. D.

Medical Attendant.

*Place of Business* 202 N. Eutaw St *Address,* 364 Madison Av

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92118 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

ARTMENT
JUL 5 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 4th 1886.

*Full Name of Deceased,* {Write legibly; if not spelt correctly. If an infant not named, give names of parents.} Catharine Mary Gohlenghorst.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* ... *Months,* ... *Days*

*Color,* White.

~~*Married, Single,*~~ *Widow* ~~or *Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 20 years.

*Place of Death,* {Give Street and Number.} 72 Conway St.

*Cause of Death,* First (Primary), "

Second (Immediate), Carcinoma " or Schimmel of Breast

*Duration of Last Sickness,* About 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 7th 1886 R. J. N. Tall M. D.

*Undertaker,* Ernst Schlomer Medical Attendant.

*Place of Business,* 181 Sharp St. *Address,* 152 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 92119 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH

*Date of Death,* June 3d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Spellman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* 2 *Months,* 12 *Days,*

*Color,* Bright Mulatto

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

*Duration of Residence in the City of Baltimore,* Six Months (last stay)

*Place of Death,* {Give street and Number.} No 7 Eden-Alley

*Cause of Death,* First (Primary), Carcinoma of Stomach

Second (Immediate), Uraemic Coma

*Duration of Last Sickness,* Six Months here

All the above information should be furnished by the Physician.

*Place of Burial,* New Mt Olivet Cemetery

*Date of Burial,* June 5th 1886.

*Undertaker* Evans & Spence

*Place of Business,* 60 E Balto St

C. T. Carter M. D.
Medical Attendant.

*Address,* 208 N. Broadway

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE, MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore, 19

Permit No. 92120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 5 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 4th 188[illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Shuck

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Frederick Co. Md

*Duration of Residence in the City of Baltimore,* About 40 years

*Place of Death,* {Give street and number} 92 Edmondson Avenue

*Cause of Death,* First, (Primary,) Asthma with heart trouble

Second, (Immediate,) Dropsy

*Duration of last Sickness,* about 8 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* June 6th 1886

*Undertaker,* Jos B Leach

*Place of Business,* No 707 N Baltimore St

O. M. Lee M. D.
Medical Attendant.

*Address,* 192 N. Carey St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 92121 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace V. Gaynor

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} C

*Age,* 17 *Years,* 5 *Months,* 28 *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 394 W Lombard St

*Cause of death,* First, (Primary,) Pentonitis —

Second, (Immediate,)

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 6th 1886

*Undertaker,* Jos B Lord

*Place of Business,* No 707 W Baltimore St

Geo Keyser M. D.,

Medical Attendant.

*Address,* 1 Waverly Terrace

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92122 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William D. Thornton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* 9 *Months,* 2 3 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Watchman B & O. R. R.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Dropped dead in Gen. Freight Office B & O R.R. at Locust Point.

*Cause of Death,* First (Primary), Asthma & Heart Disease

Second (Immediate), Unknown.

*Duration of Last Sickness,* Had suffered from above diseases for over a year

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* June 5th 1886

*Undertaker,* Jos B Cook

*Place of Business,* No 707 N Baltimore

F. J. Flannery M. D.

Coroner Medical Attendant.

*Address,* 404 Druid Hill ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92123 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 4th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Levey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 61 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

*Occupation,* House Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 317 Orleans St

*Cause of Death,* First (Primary), Injuries due to a fall from scaffold

Second (Immediate),

*Duration of Last Sickness,* 25 hours

All the above information should be given by the Physician.

*Place of Burial,* [redacted]

*Date of Burial,* June 6/86

*Undertaker,* Wm S Fry

*Place of Business,* 87 N Broadway *Address,* 21 N Broadway

D M Cathell M. D.
Medical Attendant.

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92124 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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## CERTIFICATE OF DEATH.

*Date of Death,* 2- June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. McCann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~* {Cross out the words not required in this line.}

*Occupation,* Undertaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 509 W. Fayette St.

*Cause of Death,* First (Primary), Septicaemia & Erysipelas,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* June 7th 1886

*Undertaker,* Henry W. Mears

*Place of Business,* ~~#~~ 22 W. Fayette St

E H Jones M. D.
Medical Attendant.

*Address,*

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE, MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92125 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
JUN 5 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Jun 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Violet D

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 5th & St Paul Sts

*Cause of Death,* First (Primary),

Second (Immediate), Enteric Colitis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 5th 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office

Thos. J. Kane M. D.
Medical Attendant.

*Address,* 11th & St Paul Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92126 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 5th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Jos. Powers

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 2 *Years,* — *Months,* 1½ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give Street and Number.} No. 2 Point Lane near Hanford ave

*Cause of Death,* First (Primary), Hemorrhage from Stomach & Bowels

Second (Immediate), (Melaena Neonatorum)

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 5th 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave & ~~Mt Royal & Boundary aves~~

Chas. R. Elwell M. D.
Medical Attendant.

*Address,* 532 Hanford ave

HEALTH DEPARTMENT, JUN 5 1886, BALTIMORE MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92127 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 5 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 4 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellsworth Stephens

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Since Childhood

*Place of Death,* {Give street and number.} 2 Norris al. above Franklin

*Cause of death,* First, (Primary,) Rheumatism

Second, (Immediate,) Heart disease

*Duration of Last Sickness,* about 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Federal Hill Cemetery Co

*Date of Burial,* June 5th 1886

*Undertaker,* Thos J Locke

*Place of Business,* 423 Jefferson st

W. Gay Smith M. D.
Medical Attendant.

*Address,* 83 Et Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 4220 Wash

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92128 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 5 1886

BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Lehnert C

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 21 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 11 N. Fremont St.

*Cause of Death,* First (Primary), Pneumonia Complicated

Second (Immediate), With Pertussis

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 5th 1886

*Undertaker,* L. M. Leonardson

*Place of Business,* 712 W. Baltimore

L. D. Morse M. D.
Medical Attendant.

*Address,* 508 N. Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92129 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 5 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah McWhinney

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Belfast Ireland

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give Street and Number.} 1910 E. Preston St

*Cause of Death,* First (Primary), Disease of the Heart

Second (Inmediate), Dropsy

*Duration of Last Sickness,* About One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 5th 1886

*Undertaker,* Henry H. Mears

*Place of Business,* #22 N. Fayette St

Thomas Sheehan M. D.
Medical Attendant.

*Address,* No. 97 S. Chase St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92130 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 4, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Allen Westhoman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Thirteen *Years,* 11 *Months,* 2 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* General Work.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} West Virginia

*Duration of Residence in the City of Baltimore,* Three Years

*Place of Death,* {Give Street and Number.} #308 E. Chase Street.

*Cause of Death,* First (Primary), Cathartis

Second (Immediate), Intussusception of Bowel

*Duration of Last Sickness,* Two Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Ev. Lutheran Cemetery Gray Road

*Date of Burial,* June 6th

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Square

J. F. Martenet M. D.

Medical Attendant.

*Address,* Blair Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92131 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Doyle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Lawyer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 4½ years

*Place of Death,* {Give Street and Number.} 85 South Exeter

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 9 Mo

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cy

*Date of Burial,* June 7 1886

*Undertaker,* Jas E Byrne

*Place of Business,* 63 N Frnn

Geo. W. Reynolds M. D.
Medical Attendant.

*Address,* 171 N Calvert St

HEALTH DEPARTMENT, JUN 5 1886, BALTIMORE, MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 92132 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Roberts

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 8 *Years,* 11 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Caller

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* Sometime

*Place of Death,* {Give Street and Number.} 15 Gittings St.

*Cause of Death,* First (Primary), ....

Second (Immediate), Old age

*Duration of Last Sickness,* Sometime

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* June 6th 1886

*Undertaker,* Armstrong

*Place of Business,* 263 Eight

R. C. Lee M. D.
Medical Attendant.

*Address,* Hanover St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

**Permit No.** 92133 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Friday June 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Prouty

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 73 — *Years,* *Months.* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and Number.} Cor Light & Lombard

*Cause of Death,* First (Primary). Fatty Heart

Second (Immediate). Paralysis

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 8th 1886

*Undertaker* C. P. Krauss & Son

*Place of Business,* 209 Hanover *Address,* 371 Eutaw Place

Thos. S. Latimer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92134 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Schaub

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 7 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 33 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 275 N. Paca St.

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* ½ day

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* June 7th 1886

*Undertaker,* P. H. Secrest M. D.

Medical Attendant.

*Place of Business,* 35 Eutaw St. *Address,* 170 S. Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

12 B

*Permit No.* 92135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 5th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia C. Mo[illegible]

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 6 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 213 Druid Hill Av.

*Cause of Death,* First (Primary,) Measles

Second (Immediate,) Diphtheria.

*Duration of Last Sickness,* about 3 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June 6th 86

*Undertaker,* C. H. Bloxom

*Place of Business,* 251 N. [illegible]

John B. White M.D.
Medical Attendant.

*Address,* 347 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Health Department, City of Baltimore.

Permit No. 42136 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Giovani Proute

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 22 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} 62 President St.

*Cause of Death,*
First (Primary), Pleuritis - Empyema
Second (Immediate), Exhaustion

*Duration of Last Sickness,* Unknown to me

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cy

*Date of Burial,* June 6 1886

*Undertaker,* Jas. P. Byrne

*Place of Business,* 63 N. Front St

Jno. S. Lynch M. D.
Medical Attendant.

Address, No 1 S. Broadway

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9213 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE

*Date of Death,* June 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Hofmann

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~32~~ 34 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Drug Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany - Probably resided here for the last 20 yrs -

*Duration of Residence in the City of Baltimore,* about 20 yrs

*Place of Death,* {Give Street and Number.} Found dead on Shore of Middle Branch of Patapsco near Fort McHenry -

*Cause of Death,* Coroners Jury decided that his death was { First (Primary), Caused by taking Hydrocyanic Acid with suicidal intent - Second (Immediate), Probably Asphyxia -

*Duration of Last Sickness,* Probably only a few minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* June 6

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 High

Frank J. Flannery M. D.
Coroner of S. D. R. Medical Attendant.

*Address,* 402 Druid Hill ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92138 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 4th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lettie Fields

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Back.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 93 Lee St.

*Cause of Death,* First (Primary),

Second (Immediate), Old Age

*Duration of Last Sickness,* Had been ailing for weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 6 1886

*Undertaker,* S M. Chase

*Place of Business,* 198 Howard St

A. M. Hare M. D.
Medical Attendant.

*Address,* 262 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 92139 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

JUN 5 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jordan Krobisen & Frances Krobisen

*Sex, Male or Female,* {Cross out the word not required in this line.} } Parents

*Age,* Years, Months, 4 Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Fathers business Tayler

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} [redacted] Balto City

*Duration of Residence in the City of Baltimore,* [redacted] Life

*Place of Death,* {Give street and Number.} Parkin Street No 41

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cimiti

*Date of Burial,* June 6th 86

*Undertaker* Felix Broskowski

*Place of Business,* 215 S Bond St *Address,*

L. G. Spanow M. D.

~~Medical Attendant.~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92140 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS JUN 6 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria & Joseph Hutchins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 2 *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 63 Duncan Alley

*Cause of Death,* First (Primary), Prematurse

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemt

*Date of Burial,* June 6/86

*Undertaker,* W & N Wenger

*Place of Business,*

J Thos Heuisler M. D.

~~Medical Attendant~~

*Address,* Cor of Hoyt & C

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. E. Roberts Sanit. Inspector

# Board of Health, City of Baltimore,

Permit No. 92141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 5. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nicholson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ~~ Years, 9 Months, Days.

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and number} 7 Bayard- & Court

*Cause of Death,* First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Lamel Cemetery

*Date of Burial,* June 7 1886

*Undertaker,* J J Locks

*Place of Business,* 1173 Jefferson st

John N. Lemmon M. D.
Medical Attendant.

*Address,* 238 E. Monument
N. E. Cor

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DULANY & CO. CITY PRINTERS AND STATIONERS. [0748]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9214 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 6 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo A. Seamans

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 1074 Hanover St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* June 7th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross sts *Address,* 46 Hanover St

Howard Bro & Co *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 6 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Barbara Claus

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* 2 *Months,* 14 *Days.*

*Color,* *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany 34 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 46 S. Bethel St.

*Cause of Death,* First (Primary,) asthma

Second (Immediate,)

*Duration of Last Sickness,* unknown

All the above Information should be furnished by the Physician.

*Place of Burial,* St Matthews cem

*Date of Burial,* June 6 1886

*Undertaker,* Wm Sanderson

*Place of Business,* 252 Canton Av

C. B. Sutton M. D.
Medical Attendant.

*Address* 51 Aliceanna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9214 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 5th, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M Cuddy

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 2 Months, 2 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 16 N Bake st

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Balto cem

*Date of Burial,* June 6 1886

*Undertaker,* Wm. Sanders Jr

*Place of Business,* 552 Carlton *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92145 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Walter B. Brooks~~ June 5 1886. 74

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 50 *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Steward

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Fracture of neck.

Second (Immediate), Heart Failure

*Duration of Last Sickness,* 13 hrs

All the above Information should be furnished by the Physician.

*Place of Burial,* Calvert county

*Date of Burial,* June 6 1886

*Undertaker,* H. Ross

*Place of Business,* 45 Courtland St. *Address,* City Hospital

William Shaw M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

42 21 Hauser

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92146 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6

*Full Name of Deceased,* {Write legibly and spell correctly. If a infant not named, give names of parents.} Henry Walter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 52 *Years,* 1 *Months,* *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Cooper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 yrs.

*Place of Death,* {Give Street and Number.} 68 S. Register

*Cause of Death,* First (Primary), Val. Disease of the Heart

Second (Immediate), Dropsy

*Duration of Last Sickness,* Several Years

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem

*Date of Burial,* June 7th 86

Geo. L. Dietrich M. D.

Medical Attendant.

*Undertaker,* G. France

*Place of Business,* 5 Davis & Wolfe Sts *Address,* 71 S. Howard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92147 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 6 1886 BALTIMORE

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Iddiner

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 6 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 383 Canton Avenue

*Cause of Death,* First (Primary), Diptheria Exhaustion

Second (Immediate), Spasms

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* June 7th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann

L Reisinger Fuller M. D.
Medical Attendant.

*Address,* 1[illegible] E Balto

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92148 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 6 1936 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 5-86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Parran

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 5 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* Salesman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

*Duration of Residence in the City of Baltimore,* 35 yrs.

*Place of Death,* {Give street and number.} 266 Fawn St

*Cause of death,* First, (Primary,) Cancer of in abdomen supposed to be omental

Second, (Immediate,) Peritonitis

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 6th 1886

*Undertaker,* John J. Bacher

*Place of Business,* 150 Camden

H F Hill M. D.,
Medical Attendant.

*Address,* 23 Edmondson

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92149 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 6 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 5th 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph William

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Coach Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York State

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} 120 Pine St.

*Cause of Death,* First (Primary), Bright Disease

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* June 7 1886

*Undertaker,* Matthews Cadogan

*Place of Business,* 227 Mulberry St *Address,* 188 Franklin St.

J. H. Kelley. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92159 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Ohrbach

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 38½ Lloyd Street

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Asthenia

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Belair Ave. Cath. Cemetery

*Date of Burial,* June 6th 1886.

*Undertaker,* Torrus & Spence

*Place of Business,* 61 E Balto St

W. D. Hugh M. D.
Medical Attendant.

*Address,* 335 N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92157 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 6 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Davis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Durham N Carolina

*Duration of Residence in the City of Baltimore,* 2 Weeks

*Place of Death,* {Give Street and Number.} 115 Conway St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* June 6th, 1886

*Undertaker,* Edmund Spence

*Place of Business,* 606 Balto. St.

I Harvey M. D.
Medical Attendant.

*Address,* 96 S Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92152 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 7 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* 6th June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Athaiah Foster

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months.* 9 *Days*

*Color,* Col

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 101 Lee Str.

*Cause of Death,*
First (Primary), Clonic = convulsion from irritation of the Navel
Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem'y

*Date of Burial,* June 7 1886

*Undertaker,* H Ross

*Place of Business,* 95 Conway

L. D. Lee M. D.
Medical Attendant.

*Address,* 146 Hill St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore, 18

Permit No. 92153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 7 18

TIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 5. 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny R. Walsh

*Sex, ~~Male~~ or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 30 *Years,* —— *Months,* —— *Days.*

*Color,* white

*Married, ~~Single~~, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* ——

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 94 North ave

*Cause of Death,* First, (Primary,) Cancer

Second, (Immediate,)

*Duration of last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* June 7th 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave

John J. King M. D.
Medical Attendant.

*Address,* 215 N. Carrollton

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92154 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 7 1886 BALTIMORE, MD.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis M. Nattz

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 24 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 1

*Place of Death,* {Give Street and Number.} 85 N. Eutaw

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem

*Date of Burial,* June 9th 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave

I. C. Burch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 92155

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JUN 7 1886
BALTIMORE, MD.

*Date of Death,* June 5, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Murphy

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 yrs.

*Place of Death,* {Give street and number} 566 Hanford av.

*Cause of Death,* First, (Primary,) Carcinomas of Liver

Second, (Immediate,) Asthenia

*Duration of last Sickness,* At least 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 8/86

*Undertaker,* Chas T. Scriven

*Place of Business,* 211 N Eutaw

I. Barton Brune M. D.
Medical Attendant.

*Address,* 365 N. Charles st

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92156 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 7 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 5th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Corcoran

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ex-Policeman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 years.

*Place of Death,* {Give Street and Number.} 63 Gardner st

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate),

*Duration of Last Sickness,* about three years.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 8/86

*Undertaker,* Chas. T. Scriven

*Place of Business,* 271 N Eutaw

E. O'Donovan M. D.
Medical Attendant.

*Address,* 115 W. Monument st.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92157 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 4 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Kendgenthur

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* {Give Street and Number.} 169 Johnson St.

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Paralysis

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western C.

*Date of Burial,* June 7

*Undertaker,* B. Hauck

*Place of Business,* 82 Work St. *Address,* 169 Johnson St.

Frank Cot ... M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92158 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 7 1888

BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Wm~~ Wm. J. Archie

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~ Male

*Age,* — *Years,* One *Months,* 14 — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 17 Williamson st

*Cause of Death,* First (Primary), Spasm

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 7

*Undertaker,* B. Hall

*Place of Business,* 82 West St.

C. L. Buddenbaum M. D.
Medical Attendant.

*Address,* 66 E. Lee st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 92459 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Schildwachter

~~Sex~~, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* Nine *Months,* — *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 662. Penna Ave. Balto. Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 662. Penna Ave, Balto: Md.

*Cause of Death,* First (Primary), Double pneumonia

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 10 days.

the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* June 7. 9

Geo Thomas M. D.
Medical Attendant.

*Undertaker* Walter Immel

*Place of Business,* 315 N Biddle St *Address,* 662 Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9216 *Office of Registrar of Vital Statistics.* Ward 1 SL

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 7 1895
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Nilon

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, 17 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md. Co.

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 170 Long Pt

*Cause of Death,* First (Primary), Erysipelas (Gen'l) - Pyaemia

Second (Immediate), Asthenia

*Duration of Last Sickness,* Six (6) Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* June 8th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Lyn Address, 474 S. Broadway

Geo L Pitts M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92161 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 7 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 5 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry S Wolf

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 2 *Months,* — *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 21 Moyer St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* June 7th 1886

*Undertaker,* Wm. Sandbert Son

*Place of Business,* 252 Canton Av

A. S. Varner M. D.
Medical Attendant.

*Address,* 504 Bank St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9216 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 7 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Pierce

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 32 *Years,* 8 *Months,* — *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} ho 174 Madera aly (South)

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate),

*Duration of Last Sickness,* four Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Friendship Cem

*Date of Burial,* June 9th 1886

*Undertaker,* Wm Sanders & Son

*Place of Business,* 352 Eastern Ave *Address* 23 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92163 *Office of Registrar of Vital Statistics.* Ward 3 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 7 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 5. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pfeufer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 101 Caroline St. Cor Gough

*Cause of Death,* First (Primary), Inanition

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Holy Redeemer Cem

*Date of Burial,* June

*Undertaker,* W Dittel

*Place of Business,* 131 S Bond Address, 344 E. 3rd St.

J H Collenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9216 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvin Jacob Auman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 120 S. Chas St.

*Cause of Death,* First (Primary), Meningites.

Second (Immediate), Spasms. Coma

*Duration of Last Sickness,* 17 days

All the above information should be furnished by the Physician.

*Place of Burial,* Heb. of Shalom Cemetery

*Date of Burial,* June 7th 1886

*Undertaker,* Evans & Spence

*Place of Business,* 60 E. Balto St. *Address,*

A. R. Arnold M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92165 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1936 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 6/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Wallace

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} F

*Age,* 66 *Years,* *Months,* *Days*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} W

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 yrs.

*Place of Death,* {Give Street and Number.} 55 Fawn St.

*Cause of Death,* First (Primary),

Second (Immediate), Cirrhosis of the liver

*Duration of Last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* June 8/86

*Undertaker,* Michael [illegible]

*Place of Business,* 35 Bank

R W Mansfield M. D.
Medical Attendant.

*Address,* 52 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...operation of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92166 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUN 7 1886 BALTIMORE, MD.

*Date of Death,* June 5. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Bogan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* 0 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Retired

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co. Md

*Duration of Residence in the City of Baltimore,* 47 years

*Place of Death,* {Give Street and Number.} 82 Hanover Corner

*Cause of Death,* First (Primary), Age

Second (Immediate), Debility

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis

*Date of Burial,* June 7th 1886

*Undertaker,* Lemmy & Mitchell

*Place of Business,* 560 W. Fayette Address, 460 Hanover

Leonard Cotta M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4222 Hanover

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92167 *Office of Registrar of Vital Statistics.* Ward 9E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 7 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 5, 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Harris

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Four ~~Years~~ weeks

*Place of Death,* {Give Street and Number.} Maternité Hospital

*Cause of Death,* First (Primary), Metro-Peritonitis

Second (Immediate),

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cem'y

*Date of Burial,* June 7 86

*Undertaker,* Geo. Ruckert

*Place of Business,* Health Office *Address,* Maternité

R. C. Davis *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 92168 *Office of Registrar of Vital Statistics.* Ward 6 cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 7 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R. McCaslin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* 3 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Since Birth,

*Place of Death,* {Give Street and Number.} No 400 Orleans st,

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Fits.

*Duration of Last Sickness,* 18 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel cem

*Date of Burial,* June 7. 1886

*Undertaker,* Frank. Brach

*Place of Business,* 249 N Durham st *Address,* 121 E Baltimore st

H. Ridgway Grove M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92169 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of (George & Theresa Bowers)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 1 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 249 N. Biddle St

*Cause of Death,* First (Primary), Premature Birth (8 mths

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life Time

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 7/86

*Undertaker,* J. J. Andrews

*Place of Business,* Druid Hill Ave *Address.*

James A Steuart M. D.

~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 92179 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert L. R. Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 339 Hamburg St

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* June 7th 1886

*Undertaker,* Diterich Weigand

*Place of Business,* 166 Druid Hill Ave *Address,* 152 Sharp St.

R. J. N. Tall, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9271 *Office of Registrar of Vital Statistics.* Ward 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret B. Kennard.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* white

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 years.

*Place of Death,* {Give Street and Number.} 37 Brune St.

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 8th 86.

*Undertaker,* John J. Andrews.

*Place of Business,* 5 W. Ave

J. J. Keller. M. D.
Medical Attendant.

*Address,* 188 Franklin St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92172 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hubert Warfield

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 8 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 146 Division St.

*Cause of Death,* First (Primary), "Cholera Infantum"

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry Balto Co

*Date of Burial,* June 8. 1886

*Undertaker,* Martin Fahey

*Place of Business,* 128 Townsend *Address,*

J. F. Linthicum M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
JUN 7 1886
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* 1886 June 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Roberts

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 3 *Months,* *Days.*

*Color,* W. *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 8 yrs 3 Mos

*Place of Death,* {Give street and number.} 236 or Eutaw St

*Cause of Death,* First (Primary,) Epilepsy

Second (Immediate,) Convulsions

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery Dr T S Larkin M. D.

*Date of Burial,* June 8. 1886 Medical Attendant.

*Undertaker,* Martin Fahey *Address* 215 or Eutaw St

*Place of Business,* 28 Townsend

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9217 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUN 7 1886 BALTIMORE, MD.

*Date of Death,* June 6 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Infant Asylum.

*Cause of Death,* First (Primary), Pneumonia.

Second (Immediate), Apnoea.

*Duration of Last Sickness,* 7 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* June 8. 1886

*Undertaker,* Frank Smith } R. H. Goldsmith M. D.
Medical Attendant.

*Place of Business,* Division St } *Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92175 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

H. D. DEPARTMENT
JUN 7 1886
BALTIMORE, MD.

*Date of Death,* June 7/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} /

*Age,* —— *Years,* / *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* June 8. 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* Harlem av. & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92176 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 7 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. Hickey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 8 *Months,* 23 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Accidentally drowned in Spring Garden near the Foot of Hanover St.

*Cause of Death,* First (Primary), Drowning.

Second (Immediate),

*Duration of Last Sickness,* about 10 minutes.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 8th 186

*Undertaker,* Daniel Tolyne

*Place of Business,* 109 West St

Frank J. Flannery M. D.
Coroner
Medical Attendant.

*Address,* 1104 Druid Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9277 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Tillotson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* C

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Newford County, Maryland

*Duration of Residence in the City of Baltimore,* 5 Years

*Place of Death,* {Give Street and Number.} 118 N. Mount St

*Cause of Death,* First (Primary), Epilepsy

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Washington Co.

*Date of Burial,* June 8/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto *Address,* 582 W. Fayette

W. McKim M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4223 Transit

# Health Department, City of Baltimore.

Permit No. 92178 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 7 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 6. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Jane Lovell C

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 20 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 5 Orchard St.

*Cause of Death,* First (Primary), Puerperal Convulsions

Second (Immediate), Coma

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt

*Date of Burial,* June 8th 1886

*Undertaker,* A. C. Hunter

*Place of Business,* 116 Orchard St

J. E. Atkinson M. D.
Medical Attendant.

*Address,* 19 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92479 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUN 7 1886 BALTIMORE, MD.

*Date of Death,* 7th June

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Romaine

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* Years, 19 Months, Days

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} United States

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No 9 Peabody st.

*Cause of Death,* First (Primary), Measels

Second (Immediate), Congestion Brain & Convulsions

*Duration of Last Sickness,* Four weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* June 8 1886

*Undertaker,* John W Jackson

*Place of Business,* Gay & Carlin *Address,* 242 E Balto

Jno J Swain M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92180 *Office of Registrar of Vital Statistics.* Ward 6 T

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha M. Gant D

*~~Sex~~, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} United States

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No 9 Peabody St

*Cause of Death,* First (Primary), Measels + Capilary Bronchitis

Second (Immediate), Congestion of Brain + Convulsions

*Duration of Last Sickness,* about 1 week

**All the above information should be furnished by the Physician.**

*Place of Burial,* Balto. C.U.

*Date of Burial,* June 8th 1896

*Undertaker,* John W Jackson

*Place of Business,* Dey & Caroline Sts

Thos J. Simms M. D.
Medical Attendant.

*Address,* 242 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92187

The Physician who attended deceased person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1886 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 5 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsa M Lan

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* ~~~ *Years,* 9 m *Months,* ~~~ *Days*

*Color,* W ~~~

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* {Give street and number.} 207 Robinson St

*Cause of Death,* First (Primary.) Congestion of Brain

Second (Immediate.) Convulsions

*Duration of Last Sickness,* About 1 hour

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 7

*Undertaker,* E H Bryant

*Place of Business,* 201 Penn ave

A E Robb M. D.
Medical Attendant.

*Address,* 599 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92182 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN. 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Fannie Creky

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

*Duration of Residence in the City of Baltimore,* Three months

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Hemiplegia (left side)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Loudon Park Cemetery~~ Holy Cross

*Date of Burial,* June 8th 1886

*Undertaker,* Henry H. Mears

*Place of Business,* # 22 W. Fayette St *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92183 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1886 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Ulrich B

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 69 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Carriage & Wagon Builder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 years

*Place of Death,* {Give Street and Number.} 766 E Eager Street

*Cause of Death,* First (Primary), Senility

Second (Immediate), - - - - - -

*Duration of Last Sickness,* - - - - - -

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Center

*Date of Burial,* Jun 9 1886

*Undertaker,* Henry Rock

*Place of Business,* 709 N Central Ave

J. W. Stover M. D.
Medical Attendant.

Address 1 E Eager & Caroline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92184 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Flinn

HEALTH DEPARTMENT, JUN 7 1886 BALTIMORE, MD.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 92 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give Street and Number.} 164 ✓ Central ave

*Cause of Death,* First (Primary), old age

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Mo

**All the above information should be furnished by the Physician.**

*Place of Burial,* Holy Cross

*Date of Burial,* June 8th

*Undertaker,* Henry McGinnis

*Place of Business,* 8 E. Central ave

Geo. B. Reynolds M. D.
Medical Attendant.

*Address,* 171 N Calvert St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and rules of diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 92185 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alpheus Lee.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Hotel Clerk.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* 15.

*Place of Death,* {Give Street and Number.} 38 Myrtle ave.

*Cause of Death,* First (Primary), Softening of brain.

Second (Immediate),

*Duration of Last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Surry Virginia

*Date of Burial,* June 8th 1886

*Undertaker,* W. Cadogan

*Place of Business,* 227 Mulberry St

E. G. Wibbins, M. D.
Medical Attendant.

*Address,* Fayette & Paca.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4424 Fawcett

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92186 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1886 BALTIMORE

A

## CERTIFICATE OF DEATH

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Bennett

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 6 *Months.* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 6 Mo

*Place of Death,* {Give Street and Number.} 3 — Hanover ct.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 8th 1886

*Undertaker,* Saml N. Chase

*Place of Business,* 1986 Hanover St *Address,* Hanover St

R. C. Lee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92187 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 8 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 6th June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Harriet Heavens

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

*Duration of Residence in the City of Baltimore,* [illegible] Yrs

*Place of Death,* {Give Street and Number.} 27[illegible] S. Howard St.

*Cause of Death,* First (Primary), Cancer of the Liver

Second (Immediate), Exhaustion & Coma

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 9 1886

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* 1446 Hull St.

L. D. Dyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

8

Permit No. 92188 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph P. C. Dudley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, Nineteen (19) Months, Five (5) Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 65 East Biddle Street

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Two Week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's

*Date of Burial,* June 8 1888

*Undertaker,* Jas E Byrne

*Place of Business,* 63 F. mt

Wm H. Cochran, M. D.
Medical Attendant.

*Address,* h. 107 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92189 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 9 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 6/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernadette Gorman

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 18 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 98 Eden St

*Cause of Death,* First (Primary), Rickets. Catarrhal Pneumonia

Second (Immediate), Pneumonitis

*Duration of Last Sickness,* 26 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 8th 1886

*Undertaker,* Jas C Byrne

*Place of Business,* 63 Fremont *Address,* 64 Augusta

Edward J. McDevitt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92190 *Office of Registrar of Vital Statistics* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 3 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wooster Molock

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* Eight *Months,* 0 *Days*

*Color,* Light brown

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* Eight Months

*Place of Death,* {Give Street and Number.} No 127 Chestnut Alley

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Convulsions

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Shorb St Cemetery

*Date of Burial,* June 8

*Undertaker,* John H Owens

*Place of Business,* 172 Pearl St

Benj F Bohn M. D.
Medical Attendant.

*Address,* Cor Mulberry & Green sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92191 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUN 9 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Guckert

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 53 years

*Place of Death,* {Give Street and Number.} 148 S. Eden

*Cause of Death,* First (Primary), Chr Bronchitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* June 9/86

Geo B Reynolds M. D.
Medical Attendant.

*Undertaker,* Mitchell Funk

*Place of Business,* 55 Bank St *Address,* 171 N Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 92192 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1886 BALTIMORE, MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Winter

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 78 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany. 20 years in City of

*Duration of Residence in the City of Baltimore,* Baltimore

*Place of Death,* {Give Street and Number.} Home for the aged / Greis unheim /

*Cause of Death,* First (Primary), Cancer of the oesophagus

Second (Immediate), weakness

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathias cemetery York road

*Date of Burial,* June 8th 1886

*Undertaker,* Jas B Cook

*Place of Business,* No 704 W Baltimore St

L F Reinhard M. D.
Medical Attendant.

*Address,* 211 N Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92193 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann McMahon

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 76 Payson cor

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician

*Place of Burial,* St. Peters Cem

*Date of Burial,* June 9/86

*Undertaker,* L. B. Cook

*Place of Business,* 707 W Balto *Address,* 309 Hollins cor

James Boely M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 92194 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled o* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, i requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1936 BALTIMORE MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* June 6 1936

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Laden

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married ✓

*Occupation* Shareworker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dorset Ireland

*Duration of Residence in the City of Baltimore,* Dorset Ireland (35 years)

*Place of Death,* {Give street and Number.} 208 Preston St

*Cause of Death,* First (Primary),

Second (Immediate). Paralysis / Heart

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 8 9

*Undertaker* Walter Immel

*Place of Business,* 315 W. Biddle

B. F. Herman M. D.
Medical Attendant.

*Address,* 484 Linden ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92195 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday June 6th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dominick Kelley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 35 Years.

*Place of Death,* {Give Street and Number.} 23 Getz Ave.

*Cause of Death,* First (Primary), Cancer of The Pancreas,

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 8th

*Undertaker,* H. C. Windisch

*Place of Business,* 100 Greenmt Ave

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Canal St & Fremont Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92196 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1886 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 7. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly C. L. Ensby

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond Va

*Duration of Residence in the City of Baltimore,* 17 yrs,

*Place of Death,* {Give Street and Number.} 247 W. Hoffman st

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Asthenia

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* June 9th 1886

*Undertaker,* John S. Marcher

*Place of Business,* 80 Camden st

R. H. P. Ellis M. D.
Medical Attendant.

*Address,* Greene & Mulberry st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 9217 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Fisher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Thirty *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Housemaid

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Annapolis

*Duration of Residence in the City of Baltimore,* Ten years

*Place of Death,* {Give street and Number.} 95 Sarah Anne Street

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate), Metral Insufficiency

*Duration of Last Sickness,* Three Two months

All the above information should be given by the physician.

*Place of Burial* [redacted] Cemetery

*Date of Burial,* June 8th 1886

*Undertaker* H. A. Bishoff C. Steinbrenner M. D.

*Place of Business,* 97 Druid Hill Ave. *Address,* Confectionary Medical Attendant, Woman's Medical College

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

# Health Department, City of Baltimore.

Permit No. 92198 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 8 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Scott

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 3, *Years,* ..... *Months,* ..... *Days*

*Color,* Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 41 Lewis St

*Cause of Death,* First (Primary), Rubeola

Second (Immediate), Acute Pneumonia

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Evergreen Cemetery

*Date of Burial,* June 8 1886

*Undertaker,* William N Berger

*Place of Business,* 62 East St

Wm. E. Purnell M. D.
Medical Attendant.

*Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92199 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Adella Parker (Parents)

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 4 Hours ~~Days.~~

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 91 N Spring st

*Cause of Death,* First (Primary),

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Evergreen Cem

*Date of Burial,* June 8th 1886

*Undertaker,* Wm Dungee

*Place of Business,* 62 East st

Thos A Stevens M. D.

Address, Camp & Low

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M. Reuter
Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 92200 *Office of Registrar of Vital Statistics,* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 8 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Mc Connels

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Forty Years

*Place of Death,* {Give Street and Number.} No 211 Park Ave

*Cause of Death,* First (Primary), Cerebral Softening

Second (Immediate), Paralysis

*Duration of Last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 9/86

*Undertaker,* Chas. J. Devine

*Place of Business,* 2 N Eutaw *Address,*

Wm. Whitridge M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92201 *Office of Registrar of Vital Statistics.* Ward 21

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 8/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Esser

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 324 S Bond St.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* June 10th 1886.

*Undertaker,* Leonhard Kurtz

*Place of Business,* No 272 S. Bond St. *Address,* 522 Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92202 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May M Dennis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 226 S Paca St

*Cause of Death,* First (Primary), Congestion of Brain and internal organs due to burns received on Sunday last

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 48 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* June 10th 1886

*Undertaker,* H. J. Eichner

*Place of Business,* 65 [illegible] *Address,* 131 Columbia ave

Geo P Graham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

# Health Department, City of Baltimore.

Permit No. 92203 *Office of Registrar of Vital Statistics.* Ward 11/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY HEALTH DEPARTMENT JUN 6 1886

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Coolahan.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 3 1/2 years.

*Place of Death,* {Give Street and Number.} 84 Mulberry St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bone-Brea

*Date of Burial,* June 9th 1886

*Undertaker,* Cook and Fleming

*Place of Business,* 58 & 60 N. Calvert St

T. O'Donovan M. D.
Medical Attendant.

*Address,* 115 W. Monument St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9220 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 7 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schorr

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 80 *Years,* 7 *Months,* *Days*

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, city

*Duration of Residence in the City of Baltimore,* 80 — 7

*Place of Death,* {Give Street and Number.} 3 Warren ave

*Cause of Death,* First (Primary), Strangulated Hernia

Second (Immediate),

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* 10th June 1886

R W & P Ellis M. D.

Medical Attendant.

*Undertaker,* H. W. Jenkins & Sons

*Place of Business,* Park & Saratoga Sts *Address,* Eutaw & Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92205 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JUN 9 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Daily,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City,

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 144 West St.

*Cause of Death,* First (Primary), Cholera Infantum,

Second (Immediate), Meningitis

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral cem

*Date of Burial,* June 9. 1886

*Undertaker,* Daniel Flinn

*Place of Business,* 109 West St

E. J. N. Tall, M. D.
Medical Attendant.

*Address,* 152 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92206 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 6th 86 {Parents Name

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie India Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* ~~~ *Months,* 6 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 204 Chestnut St.

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* City Cemetery E

*Date of Burial,* June 9th 86

*Undertaker,* Leo Kirchner

*Place of Business,* Health Dept. *Address,* City Hall

Thomas A Stevens M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Ex 12

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

L. D. Fitzpatrick Sanitary Inspector

# Board of Health, City of Baltimore,

Permit No. 92207 *Office of Registrar of Vital Statistics.* Ward 15 1/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY HEALTH DEPARTMENT

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wencel Kinsley

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 75 *Years,* *Days,*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Real estate agent

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Hamilton Pa.

*Duration of Residence in the City of Baltimore,* 45 yrs

*Place of Death,* { Give street and Number. } S. W. Cor Light & Hamburg

*Cause of Death,* First, (Primary,) senility

Second, (Immediate,)

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 9th 1886

*Undertaker,* Armstrong & Sons

*Place of Business,* 263 W. Lexington

F. W. Webster M. D.,
Medical Attendant.

*Address,* 101 Barre

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92208 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jamison

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 7 — *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lafayette

*Place of Death,* {Give Street and Number.} 473 N Pratt

*Cause of Death,* First (Primary) Whooping Cough & Pneumonia

Second (Immediate), Prostration

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* 10 June

*Undertaker* Joseph B Cook

*Place of Business,* 707 W Balto *Address,* 211 N Lombard St

W. L. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92209 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 9 1886

## CERTIFICATE OF DEATH.

*Date of Death,* June 7/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Schmuck

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 2 *Days.*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* ~~2 yrs~~ 9 mos. 2 da

*Place of Death,* {Give street and number.} 206 William

*Cause of death,* First, (Primary,) Convulsions

Second, (Immediate,) Ephamptic

*Duration of Last Sickness,* 8 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn

*Date of Burial,* June 9

*Undertaker,* B. Ward

*Place of Business,* 82 West Pl

L. B. Pacette M. D.,
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9221 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUN 6 1886

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 29 yrs

*Place of Death,* {Give Street and Number.} 27 Covington St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* About 1 Yr

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius

*Date of Burial,* June 10

*Undertaker,* B. Thale

*Place of Business,* 82 West St

Geo. C. Strauss M. D.
Medical Attendant.

*Address,* 226 Montgomery

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92211 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 8 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Genesio Benson

*Sex, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* 6 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 34 Patapsco St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), "

*Duration of Last Sickness,* about 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 9

*Undertaker,* B. Myers

*Place of Business,* 52 West Pr *Address,* 87 N Paca St

J. L. Emmert M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92212 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. JUN 6 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Willinger

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~ ~~ *Years,* 9 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 11 St James St

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Spasms

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* June 10th 1886

*Undertaker,* Henry Hoeck

*Place of Business,* N Central *Address,* Camp N & R

James A Steuart M. D.

Address

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M. Keuen
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92213. *Office of Registrar of Vital Statistics.* Ward 7th

BALTIMORE MD. JUN 9 1886 REGISTERED

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James W. Lusk

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 4 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 292 N. Broadway

*Cause of Death,* First (Primary), Typhoid — Pneumonia

Second (Immediate), Apnoea

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Johnsons Cr

*Date of Burial,* June 10/86.

*Undertaker,* Frank. Leach

*Place of Business,* 249 N Durham

Chas. B. Zeigler M. D.
Medical Attendant.

*Address,* 282 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Certificate.

# Health Department, City of Baltimore.

Permit No. 9221 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Atwell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 100 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St. Mary's County.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 362 Hanover St.

*Cause of Death,* First (Primary), Old Age

Second (Immediate), Paralysis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Washington D.C.

*Date of Burial,* June 9

*Undertaker,* B. Wall

*Place of Business,* 61 West St

J. D. White M. D.
Medical Attendant.

*Address,* Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

425 Hanover

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92215 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kibert (Kisbert)

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 11 *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} #159 Hollingsworth Ave

*Cause of Death,* First (Primary), Neurasthenia

Second (Immediate), Marasmus

*Duration of Last Sickness,* 10 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* June 9th 86

*Undertaker,* J. G. Francis

*Place of Business,* Bank & Wolfe Sts Address, 258 Madison Ave

Patterson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92216 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JUN 9 1886 HEALTH DEPARTMENT

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 8. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Baker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} S. E. Wolf & Fayette

*Cause of Death,* First (Primary), Measles

Second (Immediate), Enteritis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* June 9 86

*Undertaker,* G. France

*Place of Business,* Park & Wolfe *Address,*

J. H. Ehlenberg M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92217 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 6 1884

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~ *Months,* 4 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 28 Ryan Al-

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* June 9/84

*Undertaker,* J M Cadogan

*Place of Business,* 227 Mulberry *Address,* Camp 6 & R

James A Sleman M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. L. Roberts Sanit. Inspector

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92218 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JUN 9 1886 HEALTH DEPARTMENT

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Sterling

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 1 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calf, since Birth

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give Street and Number.} 244 S. Dallas

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*ation of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*of Burial,* Mount Auburn

*of Burial,* June 9 1886

*Undertaker,* Wm. Sauder & Son

*Place of Business,* 252 Caroline St

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9219 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Schmidt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 38 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 445 N Gay St

*Cause of Death,* First (Primary), Dystocia due to Uterine Fibroids

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* Thursday June 10/86

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Sq

D W Cathell M. D.
Medical Attendant.

*Address,* 2 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

8th W

Permit No. 92220

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Foreman

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Fifteen *Years,* Ten *Months,* *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 142 Lynn St.

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

*Duration of Last Sickness,* Fourteen months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* June 10-86

*Undertaker,* H. J. Gray

*Place of Business,* 65 Mulberry St.

W. H. Thompson M. D.
Medical Attendant.

*Address* 311 W. Hoffman St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 2221 / *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. Seward

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.} Female

*Age,* 50 *Years,* ~~Months~~, ~~Days~~

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

*Occupation,* School Teacher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Brunswick County Virginia

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} No 228 Gay St

*Cause of Death,* First (Primary), Cancer of the Liver

Second (Immediate),

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 9 / 1886

*Undertaker,* W. H. Hickman

*Place of Business,* 234 N. Gay St *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92222 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
HEALTH DEPARTMENT
1886 AUG 6 AM

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Schlens

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 16 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 12 Browns Lane

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug 10th 86

*Undertaker,* John L Gaulter

*Place of Business,* 66 Fred. Ave. *Address,* Front bet. Bat

Wm. F. Kelly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

3d 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

BALTIMORE, MD. JUN 9 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank S. Taylor

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Brick layer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} 26 Stirling St.

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,) Typhoid Fever

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie brae. A G Watson M. D.

*Date of Burial,* June 10th 1886. Medical Attendant.

*Undertaker,* Wm. H. Hickman *Address* 377 N. Central Ave

*Place of Business,* 234 d. Gay St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

**Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92224 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 8 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sirah Elizabeth Lancaster

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 70 years since birth except 6 years in Cincinnati O.

*Place of Death,* {Give Street and Number.} 66 So. Exeter

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), Pulmonary Congestion

*Duration of Last Sickness,* 2 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Ever Green Cemetery

*Date of Burial,* June 9 1886

*Undertaker,* William Dunger

*Place of Business,* 62 East 54

H. H. Moyer M. D.
Medical Attendant.

*Address,* 1 So. Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92225 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JUN 9 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH. D

*Date of Death,* June 8. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M. Tudor

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 4 *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} United States

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 485 S. Eager st

*Cause of Death,* First (Primary), Injury by fall

Second (Immediate), Cerebro Spinal Meningitis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* June 11 1886

*Undertaker,* Henry Keech

*Place of Business,* 202 N Paca

Thos J Summers M. D.
Medical Attendant.

Address, 2[illegible] E Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Compulsorily furnish to the Returns below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92226 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 9 1886

## CERTIFICATE OF DEATH. a

*Date of Death,* June 8 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Katie De Lines

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 Years, ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Home

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give Street and Number.} 3 McCay St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* June 10 1886 H. G. Lusk M. D.

*Undertaker,* Henry Koch Medical Attendant.

*Place of Business,* 309 N. Central Ave *Address,* Back of Same St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9222 *Office of Registrar of Vital Statistics.* Ward 7/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Menachem Jedar

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 1 *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 288 N Central Ave

*Cause of Death,* First (Primary), Initiation

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* June 9th 1886

*Undertaker,* P. H. Hooke

*Place of Business,* 309 N. Central Ave

Thos A Clemens M. D.
Medical Attendant.

*Address,* Cor Fayette & Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

M. C. Roberts Sani. Inspector

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92228 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1886

## CERTIFICATE OF DEATH.

*Date of Death,* ~~John Nolan~~ – 8th June 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nolan.

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* Seventy five (75) *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Waiter.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} County Roscommon Ireland –

*Duration of Residence in the City of Baltimore,* About Thirty five Years.

*Place of Death,* {Give Street and Number.} No 157. Linden Av. Baltimore.

*Cause of Death,* First (Primary), Atonic Dyspepsia –

Second (Immediate), Senile Marasmus –

*Duration of Last Sickness,* About two Months –

All the above information should be furnished by the Physician.

*Place of Burial,* Govanstown

*Date of Burial,* June 10/86

*Undertaker,* Chas. T Scruen

*Place of Business,* 271 N Eutaw

W. C. Van Bibber M. D.
Medical Attendant.

*Address,* 47. Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 92229 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JAN 9 1899 PUBLIC DEPARTMENT

12

## CERTIFICATE OF DEATH.

*Date of Death,* June 4th 1898 at Home

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Leaken

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 82 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* { Cross out the word not required in this line. } ✓

*Occupation,* Housekeeper

*Birthplace,* { State in country, and now long in the United States, if of foreign birth. } County Tipperary Ireland

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* { Give street and Number. } 1033 Mc Culloh St

*Cause of Death,* First, (Primary.) Old Age

Second, (Immediate.) Intense Insomnia

*Duration of Last Sickness,* Not Ascertained

All the above Information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* June 6th 98

*Undertaker,* Chas. J. Deuker

*Place of Business,* 271 N Eutaw *Address,*

Edwd. A. Brown M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92230 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* ~~after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Crauford Black

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 11 *Months,* 7 *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cumberland Maryland

*Duration of Residence in the City of Baltimore,* Three years

*Place of Death,* {Give Street and Number.} Barnums Hotel

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Cumberland Md

*Date of Burial,* June 10th 1886

*Undertaker,* [illegible]

*Place of Business,* Park & Saratoga *Address,* Charlestown W. Va.

W. F. Lippitt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4226 Travis

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92231 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OF THE CITY OF BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 9 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wladislaus Antkowiak

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 274 S Dallas

*Cause of Death,* First (Primary),

Second (Immediate), Measles

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Stanislaus

*Date of Burial,* June 10 89

*Undertaker,* Felix Broskowski

*Place of Business,* 216 S Bond St *Address,* James A. Stewart M. D.
~~Medical Attendant.~~ Com of Health Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Jno A Colegett
Inspector

# Health Department, City of Baltimore.

Permit No. 92332 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 10 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 8 / 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Howard Appleby -

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — 2 *Years,* 7 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Co -

*Duration of Residence in the City of Baltimore,* Life 2 years.

*Place of Death,* {Give Street and Number.} 678 W. Lombard St.

*Cause of Death,* First (Primary), Pneumonia.

Second (Immediate), Apnoea from Hepatization of Large

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery.

*Date of Burial,* June 10 / 86.

*Undertaker,* Denny & Mitchell.

*Place of Business,* 532 W. Fayette St.

R. H. Goldsmith M. D.

Medical Attendant.

*Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92233 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Gildea

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* House Wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give Street and Number.} 5 Woodward St

*Cause of Death,* First (Primary), Phthisis pulmonis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 11th 1886

*Undertaker,* John T Andrews

*Place of Business,* 1086 Druid Hill Av

Geo R Graham M. D.
Medical Attendant.

*Address,* 63 Columbia ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certific

# Health Department, City of Baltimore.

Permit No. 9223 / *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT JUN 10 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled o* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* — *Months,* — *Days*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Drayman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* 25 or 30 yrs.

*Place of Death,* {Give Street and Number.} 48 Harmony Lane

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpes Cemetery

*Date of Burial,* June 10 1886

*Undertaker,* William Dorsey

*Place of Business,* 62 East St

H F Hill M. D

Medical Attendant.

*Address,* 73 Edmondson Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over

# Health Department, City of Baltimore.

Permit No. 92235 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Winter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 79 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give Street and Number.} 188 Harford Ave.

*Cause of Death,* First (Primary), Age & Infirmity

Second (Immediate), Blood Poison & Erysipelas

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 11th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square *Address,* .....

Jno. Burke Bayley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

ttention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92236 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1893 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 93.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Hollens

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 6 *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ✓ Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 34 Cross St.

*Cause of Death,* First (Primary), Cholera

Second (Immediate), Infantum

*Duration of Last Sickness,* 5 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Cedar Hill

*Date of Burial,* Sunday 11 a 10 AM

*Undertaker,* B Hartle

*Place of Business,* 82 West St *Address,* 28 S. Charles St.

John T. Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92437 *Office of Registrar of Vital Statistics.* Ward 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 9th, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Grager

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, 2 Months Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ohio City

*Duration of Residence in the City of Baltimore,* [illegible] time

*Place of Death,* {Give Street and Number.} No 64 Fawn Alley

*Cause of Death,* First (Primary),

Second (Immediate), [illegible]

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens

*Date of Burial,* June 10-5

*Undertaker,* H Dippel

*Place of Business,* 151 Bond St.

[illegible] M. D.,
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92238 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 10 1886 BALTIMORE MD

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 10/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Taylor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 37 St Paul St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 10th 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Dept

Thos. F Ware M. D.
Medical Attendant.

*Address,* 127 St Paul St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92239 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 8. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Corman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Painter Dealer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 70 S. Broadway

*Cause of Death,* First (Primary), Lacerated Wound

Second (Immediate), Pyaemia

*Duration of Last Sickness,* Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* June 11/86

*Undertaker,* Wm S. Fry

*Place of Business,* 917 Broadway

E. E. Tuck M. D.

Medical Attendant.

*Address,* 392 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9424 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar D. Boothby

*Sex, Male* ~~or Female.~~ {Cross out the word not required in this line.} M

*Age,* 28 *Years,* — — *Months.* — *Days*

*Color,* White.

*Married,* ~~Single, Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maine

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} 430 N. Carey St.

*Cause of Death,* First (Primary), F

Second (Immediate), Diphtheria,

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* June 10th 1886

*Undertaker,* Wm Shriver

*Place of Business,* 202 N. Eutaw St. *Address,* 243 N. Fremont St.

E. M. Rick M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92241 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 19 1886
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susana Torres

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balboleo P. R.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 766 Prestman

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* 8 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 11th 1886

*Undertaker,* J. E. Hough & Co

*Place of Business,* 298 E. Lanvale Ave

G. W. Ames *M. D.*
Medical Attendant.

*Address,* 193 Prestman

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...al Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE MD. JUN 10 1886

Permit No. 94242 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 8 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Bosley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 44 Canton st

*Cause of Death,* First (Primary), .....

Second (Immediate), Acute Tuberculosis

*Duration of Last Sickness,* Came to Hospital attention two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* N Baltimore cem

*Date of Burial,* June 10th 86

*Undertaker,* E. Lundy & Son

*Place of Business,* 152 Caroline st *Address,* .....

Jno A Bourgeois M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause te of death.

[OVER.]

# Board of Health, City of Baltimore.

(10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Scott

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* Sixty-Two *Years,* *Months,* *Days*

*Color,* Mulatto

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Cty

*Duration of Residence in the City of Baltimore,* about 8 years

*Place of Death,* {Give street and number} 112 Pierce St

*Cause of Death* {First, (Primary,) Tubercular Enteritis
Second, (Immediate,) Emaciation

*Duration of last Sickness,* about Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* June 10 1886

*Undertaker,* Alex Hawsley

*Place of Business,* 116 Orchard St

Louis Hall M. D.
Medical Attendant.

*Address,* 226 N. Mount St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92244 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kelley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 9 *Months,* 4 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Childs Hospital

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 6 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 10

*Undertaker,* C. A. Blizzard

*Place of Business,* 201 E ... *Address,*

L. F. Swan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92245 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* ~ *Months,* ~ *Days.*

*Color,* cd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

*Duration of Residence in the City of Baltimore,* 24 years

*Place of Death,* {Give Street and Number.} 121 New St

*Cause of Death,* First (Primary), Cancer (in Breast)

Second (Immediate),

*Duration of Last Sickness,* 3 years & 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 11/84

*Undertaker,* S. W. Chase

*Place of Business,* 5 Howard St *Address,* James A. Stewart M. D. ~~Resp~~ Resp

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Geo E Brown
Attorney Surgeon

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92246 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE DEPARTMENT OF HEALTH JUN 10 1886

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 9 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Scott.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Infant asylum

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Clifton Md Baltimore County

*Date of Burial,* June 10th 1886

R. H. Goldsmith M. D.
Medical Attendant.

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* Hanover av. & Columbia

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92247 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Evans.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months.* 17 *Days*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 61 Block St,

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), asthenia

*Duration of Last Sickness,* 11 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemtry.

*Date of Burial,* June 11th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Aliceanna

Jno. S. Lemle M. D.
Medical Attendant.

*Address,* 1 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92248 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 10 1886

## CERTIFICATE OF DEATH. C

*Date of Death,* 9th June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah A Dixon

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 30 Yrs

*Place of Death,* {Give Street and Number.} 66 Church Str.

*Cause of Death,* First (Primary), Tuberculer consumption

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* June 11 1886

*Undertaker,* Hercules Ross

*Place of Business,* 94 Eastern Ave Address, 146 Hill Str

L. D. Dyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92249 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE
HEALTH DEPARTMENT
JAN 10 1888

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 9 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Somerville

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* — *Months,* — *Days*

*Color,* Dark

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} W

*Occupation,* Washerwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 9 Warner St.

*Cause of Death,* First (Primary),

Second (Immediate), Hemorrhage from Lungs

*Duration of Last Sickness,* Nine Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 10 1888

*Undertaker,* W. Ross

*Place of Business,* 96 Conway St

J. Ellis Smith M. D.
Medical Attendant.

*Address,* 359 Barre St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92250 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT RECEIVED JUN 10 1886

## CERTIFICATE OF DEATH.

74

*Date of Death,* June 9th 11.55 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Cuppy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 17 *Months,* 7 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Home of Friendless - Druid Hill av.

*Cause of Death,* First (Primary), Measles -

Second (Immediate), Pneumonia -

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 11th 86

*Undertaker,* Wm Strauss

*Place of Business,* 702 Eutaw *Address,* 47 Franklin St.

Clark Jan Bibbins M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

# Health Department, City of Baltimore.

Permit No. 92251 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 10 1886

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 10 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother Mary Bunker
Father

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/4 *Days.*

*Color,* Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maternite

*Duration of Residence in the City of Baltimore,* 6 hours

*Place of Death,* {Give Street and Number.} Maternite

*Cause of Death,* First (Primary), Premature birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Eastern~~ Bonnie Cemetery

*Date of Burial,* 1 Health Dept.

*Undertaker,* Geo. Rinehart

*Place of Business,*

C. D. Davis *M. D.*
Medical Attendant.

*Address,* Maternite

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ction of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92252 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} not named Eugene & Clara Schreiner

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* Four hours ~~*Days*~~

*Color,* White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 460 N Fremont St.

*Cause of Death,* First (Primary), Imperfect Development

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park.

*Date of Burial,* June 11.

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle *Address,* .....

..... *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92253 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 10 1886
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Redmond

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Five (5) *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No. 244 East Pratt Street

*Cause of Death,* First (Primary), Measles

Second (Immediate), Congestion of the Brain

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* June 11th 1886

*Undertaker,* W. Clark & Son

*Place of Business,* Pr Sam

Wm H Clendinen, M. D.
Medical Attendant.

*Address,* No 102 N Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92264 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE CITY

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Ayson,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Moulder.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 42 S. Stricker St.

*Cause of Death,* First (Primary), Chronic Albuminia

Second (Immediate), Paralysis of Heart, death in a few seconds

*Duration of Last Sickness* Suffering with Bright's Heart trouble 4 yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* June 13th

*Undertaker,* J. B. Scott

*Place of Business,* 707 W Baltimore St.

R. J. N. Tall M. D.
Medical Attendant.

*Address,* 152 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92255 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE
JUN 10 1886

## CERTIFICATE OF DEATH.

*Date of Death,* June 10. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} G Edw Reckel

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 27 Lemmon St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* June 11/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St *Address,* 319 Hollins St

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...tion of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92256 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Hiart

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give Street and Number.} 139 S Exeter

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* E. Baltic Street

*Date of Burial,* June 11th 1886

James E. Donnelly M. D.
Medical Attendant.

*Undertaker,* Geo. Reichard

*Place of Business,* Health Office *Address,* 711 E Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...on of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92257 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick H Auborg

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Bookkeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Penn

*Duration of Residence in the City of Baltimore,* 46 Years

*Place of Death,* {Give Street and Number.} 352 East Monument St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Pulmonary Oedema

*Duration of Last Sickness,* 2 mths

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June 12th 1886

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Wesh M. D.
Medical Attendant.

*Address,* 359 W Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92258 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel A Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 59 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Paper hanger

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Cellulo-tuberculosis Erysipelas left side

Second (Immediate), Heart Failure

*Duration of Last Sickness,* ~~2~~ Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 11th

*Undertaker,* Mr. J. Schaffer

*Place of Business,* 6 S. Front St

W. R. Garner M. D.
Medical Attendant.

*Address,* City Hospital.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92259 *Office of Registrar of Vital Statistics.* Ward 19 c 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 7, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wade Hampton Lattimore

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 26 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Edmondson Ave 223

*Cause of Death,* First (Primary), Cystitis

Second (Immediate),

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* June 11th 1886

*Undertaker,* Wm Berdens & Son

*Place of Business,* No 59 Schroeder Address, 2629 W Baltimore

H. H. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ection of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92260 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the prostitution of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 10/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Hammenbaugh

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ky

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 196 Ramsay St

*Cause of Death,* First (Primary), Miscarriage

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* June 11th 1886

*Undertaker,* Wm. J. Slacher

*Place of Business,* Nd 150 Camden Address, 158 Lee St

Jno D Glass M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92261 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hopkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 9 Months, Days

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give Street and Number.} 192 Constitution St

*Cause of Death,* First (Primary), Rubeola

Second (Immediate), Exhaustion Sun bu ence

*Duration of Last Sickness,* 3-4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 11th 86

*Undertaker,* J. J. Locke

*Place of Business,* 173 Fifteen St

Dr. Dorsey M. D.
Medical Attendant.

Address, 116 E. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ection of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92262 *Office of Registrar of Vital Statistics.* Ward, 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending tho burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1888 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Locke

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out tho words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 192 Clifton Place

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus.

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Lamel Cemetery

*Date of Burial,* June 11th 88

*Undertaker,* J. J. Fitz Pat.

*Place of Business,* 413 Jefferson St. *Address,* James A. Stuart M.D.

Co. Phys. Health Dept.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall dio in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J. J. Fitz Patrick Sanitary Inspector

Special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92263 *Office of Registrar of Vital Statistics* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE, MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 11, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not known

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 50 (?) *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Not known

*Occupation,* Not known

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Not known

*Duration of Residence in the City of Baltimore,* Not known

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Fractured Skull

Second (Immediate), Compression of Brain

*Duration of Last Sickness,* Few hours

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetery

*Date of Burial,* June 11 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office *Address,* City Hospital

William F. Carver M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92264 *Office of Registrar of Vital Statistics.* Ward 11 ct

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 10, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. McLane

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 7 *Months,* 8 *Days*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 80 Orchard St.

*Cause of Death,* First (Primary), Hydrocephalus.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Thompson Cemetery

*Date of Burial,* June 12 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 11 Orchard St

Geo. A. Fleming M. D.
Medical Attendant.

*Address,* 172 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore. 12

Permit No. 92265 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* ~~after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 11 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bias

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 57 Clifford St

*Cause of Death,* First (Primary),

Second (Immediate), Heart disease.

*Duration of Last Sickness,* Has been ailing for some time

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 12. 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard st

R. H. Hall M. D.
Medical Attendant.

*Address,* 262 Charles st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ection of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 92266 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irwin Moore

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* — *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give Street and Number.} 23 Chestnut St

*Cause of Death,*
First (Primary), —
Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* June 12th 1886

*Undertaker,* John E Grace

*Place of Business,* 142 S. Caroline st

Wm H Stamis M. D.
Medical Attendant.

*Address,* 157 E. Balt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92267 *Office of Registrar of Vital Statistics* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albertie Cruikshanks

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 127 N Eutaw St

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Cerebellum Lesion

*Duration of Last Sickness,* About 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem.

*Date of Burial,* June 13th 1886

*Undertaker,* John Pendrees

*Place of Business,* No 478 Druid Hill Ave

W. L. Bell M. D.
Medical Attendant.

*Address,* 255 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92268 *Office of Registrar of Vital Statistics* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 10th. June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Kraemer

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* 6 *Months,* 1 *Days*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Coburg, Saxe Coburg, Germany

*Duration of Residence in the City of Baltimore,* 29 yrs.

*Place of Death,* {Give Street and Number.} Columbia Avenue 67

*Cause of Death,* First (Primary), ? Tuberculosis Pulmonum.

Second (Immediate),

*Duration of Last Sickness,* 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* June 13th 1886

*Undertaker,* Ph. J. Hillstron

*Place of Business,* 183 Columbia Ave *Address,* 5 Wolfe & 117

William Henkel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92269 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Seibert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} N. E. Cor Ann & Biddle

*Cause of Death,* First (Primary), Enteritis Marcentium

Second (Immediate),

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 11th 86.

*Undertaker,* Matthew Bishop

*Place of Business,* 227 Mulberry St. *Address,* 263 ½ Broadway

W. W. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92278 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ford.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Green Grocer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 21 years.

*Place of Death,* {Give Street and Number.} 28 L. Walsh St

*Cause of Death,* First (Primary), Mania-Potu.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* June 11th /86

*Undertaker,* Matthew Eastagan

*Place of Business,* 227 Mulberry St. *Address,* 515

M. Rickert M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9227 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Cusack

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 66 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 38 years.

*Place of Death,* {Give Street and Number.} 27 E. Monument.

*Cause of Death,* First (Primary), General Debility

Second (Immediate),

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery.

*Date of Burial,* June 12th 1886

*Undertaker,* Chas T Spence

*Place of Business,* 60 E Baltimore St

*Address,*

William J. Cahill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9227 Office of Registrar of Vital Statistics. Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 11 1886

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Redding

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* *Months,* *~~Days~~*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 197 S. Wolfe st

*Cause of Death,* First (Primary), Measles

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* June 11th 86

*Undertaker,* G. Trance

*Place of Business,* Bank & Wolfe Sts *Address,* 22 Jackson Square

Thos. B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92273 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 11 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie May Wolson

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months.* 10 *Days*

*Color,* White.

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 155 S. Collington Ave.

*Cause of Death,* First (Primary),

Second (Immediate), Measles.

*Duration of Last Sickness,* three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* June 13th 86

*Undertaker,* G. Franc

*Place of Business,* Bank Wolfe *Address,* 95 East Ave

A. R. Eschl M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9427 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 11 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 11/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* ——— *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* June 12th 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St.

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Hanover & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92275 *Office of Registrar of Vital Statistics.* Ward 7/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ursula Frank

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 32 yrs in Am

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give Street and Number.} St Josephs Hospital

*Cause of Death,* First (Primary), Old Age

Second (Immediate), Chronic Bronchitis

*Duration of Last Sickness,* 7 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* June 12th 1886

*Undertaker,* A. Fink & Son

*Place of Business,* 1761 W. Lexington *Address,* 188 N. Calvert St

Chas. J. Cook M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9276 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Reichert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* 6 *Months,* — *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} * 93 Sterbein St

*Cause of Death,* First (Primary), Apoplexy Hemorrhage

Second (Immediate),

*Duration of Last Sickness,* 1 day.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* June 12 Th 1886

*Undertaker,* Julius Kochler

*Place of Business,* Sharp & Cross Th *Address,* 166 S. Paca St

C. L. Buddenbaum M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 4277 *Office of Registrar of Vital Statistics.* Ward 5-0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. a

*Date of Death,* June 11 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Jannet Bordley

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 7 *Months,* 17 *Days*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 46 Little McElderry st

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 14-86

*Undertaker,* H. Ross

*Place of Business,* 15 Saratoga st *Address,* 124 n Eutaw

E. C. Baldwin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92278 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. C

*Date of Death,* January 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Amalia L. Gerard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* from life time

*Place of Death,* {Give Street and Number.} 61 E. Baltimore St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Jan 13

*Undertaker,* Henry Brick

*Place of Business,* Hennetta St

by Edward Otto M. D.
Medical Attendant.

*Address,* 1160 Eastern Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92279 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lantz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 33 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,* None - Epileptic from Childhood

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} 68 N Bond St

*Cause of Death,* First (Primary), Epilepsy

Second (Immediate), Prolonged coma.

*Duration of Last Sickness,* Never well since Childhood

All the above information should be furnished by the Physician.

*Place of Burial* St Vincents Cemetery

*Date of Burial,* June 13' 1886

*Undertaker,* Jas C Byrne

*Place of Business,* 69 Front St

R M Cattell M. D.
Medical Attendant.

*Address,* 2 N Bunday

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92280 *Office of Registrar of Vital Statistics.* Ward 6 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 11. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Fairchild

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 60 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bath. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1104 E. Preston St.

*Cause of Death,* First (Primary), Cerebral Softening

Second (Immediate), Paralysis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* June 13th 1886

*Undertaker,* Henry W. Evans

*Place of Business,* 22 N. Fayette St. *Address,* 305 N. Caroline St.

Geo. A. Hartman M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 92281 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah McBride

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Marble Hall Pennsylvania

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give street and Number.} 45½ George St.

*Cause of Death,* First, (Primary,) Age

Second, (Immediate,) Senile Catarh

*Duration of Last Sickness,* Two weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* June 13th 86.

*Undertaker,* Wm Weaver

*Place of Business,* 202 Eutaw St. *Address,*

Edwd A. Mans M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert...

# Health Department, City of Baltimore.

Permit No. 9484 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie V. Price

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbott County, Md.

*Duration of Residence in the City of Baltimore,* 2 Months.

*Place of Death,* {Give Street and Number.} 386 N. Washington St.

*Cause of Death,* First (Primary), Measles.

Second (Immediate), Pneumonia.

*Duration of Last Sickness,* About 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* June 12 86

*Undertaker* Wm S Fry

*Place of Business,* 8 N Broadway Address, 347 N. Broadway

John F. White M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92283 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Frank. Deiger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 0 Years, 6 Months, — Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt: City

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give Street and Number.} 1766 N. Central Ave.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Tubercular Meningitis

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* June 10th

*Undertaker,* W. Lapsley

*Place of Business,* 151 S. Bond

L. Ohlmacher M. D.
Medical Attendant.

*Address,* 12 S. Eden

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9228 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B.

## CERTIFICATE OF DEATH.

*Date of Death,* June 11, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Martha Schumacher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Fifty yrs.

*Place of Death,* {Give Street and Number.} Gay & Fairmount.

*Cause of Death,* First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* June 12th.

*Undertaker,* Wm. Liefsel

*Place of Business,* [redacted] Bond St. *Address,* 392 E. Bal. St.

G. G. Lusk M. D.

Medical Attendant.

**Extract from Regulations of the [redacted] Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92285 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schlegel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* ..... *Years,* 9 *Months,* 20 *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore and

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 178 S. Caroline St.

*Cause of Death,* First (Primary), Cholera infant & Capillary bronchitis

Second (Immediate), Capillary Bronchitis

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

...ce of Burial, Mount Carmel

... of Burial, June 11

...dertaker, Wm. A. Lizzy

... of Business, 150 S. Bond

John S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

...m Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of ... who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ... be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ... death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9286 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidonia Jackson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* ..... *Months.* ..... *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 9 yrs

*Place of Death,* {Give Street and Number.} 4 Bouldin al

*Cause of Death,* First (Primary), Child birth

Second (Immediate), Want of proper nursing and support

*Duration of Last Sickness,* 1 hr

All the above information should be given by the Physician.

*Place of Burial,* [redacted] County

*Date of Burial,* June 13 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard st *Address,* [illegible]

Chas E Satter *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS

*Permit No.* 92287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 12, 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. H. Smith

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* One *Years,* Nine *Months,* *Days.*

*Color,* Colored *Sex,* Male

*Married, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Whatcoat St. Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } No. 1 Brewer Alley

*Cause of Death,* { First (Primary,) Dentition / Second (Immediate.) Diarrhoea

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* W. Balt Cemetery

*Date of Burial,* June 12 '86

W. H. Thompson, M. D.
Medical Attendant.

*Undertaker,* F. A. Kerkhoff

*Place of Business,* Health Office *Address* 311 W. Hoffman St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92288 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th, 1886 Hartlove

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyland Hartlove

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Entire Time

*Place of Death,* {Give Street and Number.} No 422 Hillen

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* June 13th 86

*Undertaker,* G. France

*Place of Business,* Banks & Wolfe St. *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 92289

*Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 11, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Frankenberg.

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 66 *Years,* — *Months,* 17 *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

*Occupation,* Butcher.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany. 40 years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 85 Fairmount ave

*Cause of Death,* First (Primary), Carcinoma of Stomach.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Three months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* June 14th 86

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 139 S. Calvert St.

George H. Rohé M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92290 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 11th. June 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Lake

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 87 *Years,* *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Facen, Trieffa, Germany

*Duration of Residence in the City of Baltimore,* 36 years.

*Place of Death,* {Give Street and Number.} N. Wolfe St. 62.

*Cause of Death,* First (Primary), Marasmus senilis

Second (Immediate),

*Duration of Last Sickness,* bedrid Two years.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* June 13th 86

*Undertaker,* G. France

*Place of Business,* Bond & Wolfe *Address,* N. Wolfe St. 117.

William Henkel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92291 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Alexander Brouwer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Chas. Co. Md.

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and number.} 812 (W) Gilmor St.

*Cause of death,* First, (Primary,) Interstitial Nephritis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Chas Co. Md.

*Date of Burial,* June 14th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 55 W. Fayette

J. W. Clark M. D.
Medical Attendant.

*Address,* 2871 Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 4229 Eutaw

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92292 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 13 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents,} Wallen Taylor

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ Seven *Months,* ~~Days~~

*Color,* Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 110 St Mary's st.

*Duration of Residence in the City of Baltimore,* 7 months

*Place of Death,* {Give Street and Number.} 40 Orchard St.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Tonsilitis

*Duration of Last Sickness,* One week

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 13 1886

*Undertaker,* D. H. Chase

*Place of Business,* 198 Howard st

F. B. Gardner M. D.
Medical Attendant.

*Address,* 20 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92293 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Thomas. Evans

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* 15 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 8 Hull St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 36 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* June 13

*Undertaker,* B. Wade

*Place of Business,* 82 West St

H. H. Noble M. D.
Medical Attendant.

*Address,* 50 Warren ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9L294 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

HEALTH DEPARTMENT JUN 13 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas S. Neuberger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 24 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Tobacco business

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dallo City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 265 W Lombard St

*Cause of Death,* First (Primary), Cold

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* June 13

*Undertaker,* Jacob Ahrens

*Place of Business* 28 High St *Address,* 36 S. Eutaw St.

J. E. Clagett M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 02295 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luna V Hoffman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* 4 *Months,* *Days*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt- ✓

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 503 Light st

*Cause of Death,* First (Primary), Gastritis

Second (Immediate), Gastric Hemorrhage

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* Jun 14 86

*Undertaker,* Amsbury & Dean

*Place of Business,* No 268 Light *Address,* 101 Barre

J. W. Webster M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 91296 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1886 BALTIMORE

## CERTIFICATE OF DEATH.

a

*Date of Death,* June 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Scott

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Years, 10 Months, Days

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 41 Lewis St

*Cause of Death,* First (Primary), Rubeola

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury [redacted] Cemetery

*Date of Burial,* June [redacted]

*Undertaker,* William [redacted]

*Place of Business,* 62 East 25

Jno. L. Russell M. D.
Medical Attendant.

*Address,* 238 N. Broadway

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 92297 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Hall

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* — *Months,* — *Days*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md.

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 18 Caroline St.

*Cause of Death,* First (Primary), Rupture of an artery

Second (Immediate), on the Brain

*Duration of Last Sickness,* A few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 13 1886

*Undertaker,* William V Dorsey

*Place of Business,* 62 East St

D. Morris M. D.

Medical Attendant.

*Address,* 508 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

JUN 15 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* ~~Mar~~ June 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Gabriel Aneas Chase

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~11~~ *Years,* 5 *Months,* *Days.*

*Color,* Col — *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 535 Mc Elderry st

*Cause of Death,* {First (Primary,) Pneumonia
Second (Immediate,) 3 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 14 1886

*Undertaker,* J J Jacks

*Place of Business,* 13 Jefferson st *Address* 137 Aisquith st

J J Ghost. *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore.

Permit No. 91299 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1886

# CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Mc Cullah Brooke

*Sex,* ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Hollo. City all of life

*Duration of Residence in the City of Baltimore,*

*Place of Death.* {Give street and Number.} 48 Mc Mechen

*Cause of Death.* First (Primary). old age

Second (Immediate). Congestion of lungs

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Lot~~ Westminster Cecily Co Grave Yard

*Date of Burial* June 14 86 J. H. Christian M. D.

Medical Attendant.

*Undertaker* Henry Mitchell

*Place of Business.* 760 Hanover Address, 516 Madison Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over

# Health Department, City of Baltimore.

Permit No. 92300 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 11. 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Elizabeth Childs

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* 2 2 years

*Place of Death,* {Give Street and Number.} 343 N. Mount St

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), "

*Duration of Last Sickness,* 4 Mths.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 13/96

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 N Fayette *Address,* 87 N Pine St.

J. C. Hamman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92301 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1887

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen E Forrester

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dalto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 56 N. Mount pl

*Cause of Death,* First (Primary), Endocarditis

Second (Immediate), Dropsy

*Duration of Last Sickness,* about 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* June 13

*Undertaker,* J H Cook

*Place of Business.* 707 W Baltimore St

W. R McSherry M. D.
Medical Attendant.

*Address,* 582 N Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 92302 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 12th June, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Grimes

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 286 McHenry st

*Cause of Death,* First (Primary), Old age

Second (Immediate), Paralysis

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Union Baptist Ground Baltimore Co

*Date of Burial,* June 13

*Undertaker,* J B Cook

*Place of Business,* 70 Fw Baltimore *Address,* 574 W Fayette

John Hood M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 92303 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Gerber

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* — *Months,* — *Days*

*Color,* Wht.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cigar-maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 16 yrs.

*Place of Death,* {Give Street and Number.} N. E. Cor. Mulligan & Canal

*Cause of Death,* First (Primary), Gunshot wound of skull, ball

Second (Immediate), taking thro' ant. portion of both temporals

*Duration of Last Sickness,* Instant death. {Theres

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cem

*Date of Burial,* June 14 1886 Alexander Hill, M. D.

*Undertaker,* John Herring Medical Attendant.

*Place of Business,* 382 Orleans *Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Your attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 9230 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Octavius Payne

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* Col

*~~Married~~, ~~Single~~, ~~Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Marine Hospital Service

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give Street and Number.} 58 Oxford st

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate),

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 13 86

*Undertaker,* H. C. Ross

*Place of Business,* 95 Conn ave

R. Winslow M. D.
Medical Attendant.

*Address,* 201 W. Biddle st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 92305 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 12, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Kalkofski

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 15 Princess av

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* June 14th 1886

*Undertaker,* John P. Poulet

*Place of Business,* 66 Fed Av *Address,* 819 Hull

James Bailey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92306 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 10 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} No 1 Marshal alley

*Cause of Death,* First (Primary),

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetery

*Date of Burial,* June 19 1886

*Undertaker,* Wilson Monroe

*Place of Business,* 62 East St

G. F. Taylor M. D.
Medical Attendant.

*Address,* 234 N. Y. Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

*Office of Registrar of Vital Statistics.* Ward 4th

Permit No. 92307

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 7 Months, 12 Days.

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 68 East St.

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Nine months

All the above information should be furnished by the Physician.

*Place of Burial,* Locust Cemetery

*Date of Burial,* June 14 1886

*Undertaker,* William Wenger

*Place of Business,* 62 East St.

Sam'l J. Beck M. D.
Medical Attendant.

*Address,* 134 N Exeter St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Board of Health, City of Baltimore.

Permit No. 92308 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE BOARD OF HEALTH

# CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 5 Days

*Color,* Light African

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Parrish Alley No 430

*Cause of Death,* First (Primary),

Second (Immediate) Marasmus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* June 14 1886

*Undertaker* Alex Hunsley

*Place of Business,* 116 Richardet

L. G. Spence M. D.
Medical Attendant.

Coroner

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 92309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie Weber

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 11 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* { Give street and number } 420 N. Gilmore attending

*Cause of Death,* First, (Primary,) Supposed to be Scarlet Fever, no Physician

Second, (Immediate,) Acute Bright's Disease

*Duration of last Sickness,* only one day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* June 14th 1886

J. R. Uhler M. D.
Medical Attendant.

*Undertaker,* Th. Heywald

*Place of Business,* 35 S. Eutaw *Address,* 234 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Health Department, City of Baltimore.

Permit No. 92310 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 12, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Gibson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 6 *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} [illegible] E. Eager St. near [illegible]

*Cause of Death,* First (Primary), Struck by Locomotive

Second (Immediate), Fracture of Cranium

*Duration of Last Sickness,* About one hour

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cy

*Date of Burial,* June 14 1886

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Front Address, 631 Broadway

H. H. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special ATTENTION of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92311 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 12, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva V. Deeb

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* ——— *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 13 Lemmon St.

*Cause of Death,* First (Primary), Death from Burn

Second (Immediate),

*Duration of Last Sickness,* Half day.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 14th 1886

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore Address, 314 W Fayette St.

G. W. Winslow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92312 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 12, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Cook

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 4 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 682 W. Fayette

*Cause of Death,* First (Primary), Hemorrhage from Umbilicus

Second (Immediate),

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* June 14th 1886

*Undertaker,* Jos B Loch

*Place of Business,* 1607 W Baltimore

James Bosley M. D.
Medical Attendant.

*Address,* 319 Holliday

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92313 *Office of Registrar of Vital Statistics.* Ward 8?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 12th June 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Daniel Connelly

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* Thirty two (32) *Years,* *Months,* *Days*

*Color,* White.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Currier.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about Eighteen (18) Years.

*Place of Death,* {Give Street and Number.} No 34. E. Monument St. in

*Cause of Death,* First (Primary), Valvular disease of the Heart.

Second (Immediate), Sudden. The tricuspid and semilunar valves were insufficient.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 14th

*Undertaker,* H. C. Winfield

*Place of Business,* 10 & Gruntly Alley

W C Van Bibber M D.
Medical Attendant.

*Address,* 47. Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 92314 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 13 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. S. Lamb

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 215 Front St.

*Cause of Death,* First (Primary), Gastric Ulcer

Second (Immediate), Hemorrhage & Exhaustion

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Cathedral

*Date of Burial,* June 15th

*Undertaker,* H. C. Windefelder

*Place of Business,* 100 Greenmount Ave

J. H. Robinson M. D.
Medical Attendant.

*Address,* 25 N Bremen Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92315 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Batchelor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 169 East Aud

*Cause of Death,* First (Primary), .....

Second (Immediate), Lock Jaw Infantile.

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 14th

Thomas Cook M. D.
Medical Attendant.

*Undertaker,* B. Hall

*Place of Business,* 82 West St *Address,* 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and time of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92316 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Gottschalk

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~Single,~~ ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 174 S. Wolfe St.

*Cause of Death,* First (Primary), Carcinoma of Stomach

Second (Immediate), Asthenia

*Duration of Last Sickness,* 12 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery.

*Date of Burial,* June 14th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice ave.

F. McGraben M. D

Medical Attendant.

*Address,* 115 N. Front St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 92317 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Margaret Schlemberger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* Seven (7) *Months,* Twenty Nine *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No. 145 Madeira Alley

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Five Days (5)

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* June 15th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Anne *Address,* No 2 Bowley

Wm H. Chedsey, M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Cer...

# Health Department, City of Baltimore.

Permit No. 92318 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Ecke

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 6 *Days*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md —

*Duration of Residence in the City of Baltimore,* Ever —

*Place of Death,* {Give Street and Number.} 92 Payson St.

*Cause of Death,* First (Primary), Intestinal Catarrh —

Second (Immediate), Asthenia

*Duration of Last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* June 15th 1886

*Undertaker,* John P. Faulks

*Place of Business,* 66 Grd. Ave *Address,* 258 Frederick Ave

E. F. Boucher M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92319 *Office of Registrar of Vital Statistics.* Ward 3 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Elton

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 38 *Years,* 7 *Months,* *Days.*

*Color,* W

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Nurse

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 1 E Hunt St.

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), asthenia.

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* June 15th

*Undertaker,* W Bolton

*Place of Business,* 253 E Lombard

Jno. S. Lynch *M. D.*
Medical Attendant.

*Address,* 1 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92320 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frida. Boehm

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* — *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,* — — — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} US

*Duration of Residence in the City of Baltimore,* 7 Mos

*Place of Death,* {Give Street and Number.} 90 Towson St

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate),

*Duration of Last Sickness,* 2 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns

*Date of Burial,* June 14—86

*Undertaker,* C F Krause

*Place of Business,* 209 Hanover Address, 226 Montgomery

Geo. A. Gross M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 92321 *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 13th June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of H. J. & M. E. Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 hours *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 243 S. Sharp st

*Cause of Death,* First (Primary), Premature birth

Second (Immediate),

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Chesterton Md.

*Date of Burial,* June 14th

*Undertaker,* F. W. Troll

*Place of Business,* #131 Hanover St. *Address,* 101 Barre st

J. H. W. Mitchell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4030 Frazier

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule of Burials on Back of

# Health Department, City of Baltimore.

Permit No. 92322 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Mason.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 5 *Days*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 129 York St.

*Cause of Death,* First (Primary), Spasms

Second (Immediate), Lethimia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 14 1886

*Undertaker,* B M Chase

*Place of Business,* 198 Howard St

C. W. S. Booze M. D.
Medical Attendant.

*Address,* 177 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore.

Permit No. 92323 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

# CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Tilghman

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* - Residence Cor Monument & Homewood

*Place of Death,* {Give street and Number.} Burns & Russells Brickyard

*Cause of Death.* First (Primary),

Second (Immediate), Paralysis of the heart

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shark Cemetery

*Date of Burial,* June 14 1886

*Undertaker* G W Chase

*Place of Business* 198 Howard st

L G Sparrow M. D.
Medical Attendant.

*Address,* Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Ca...

# Health Department, City of Baltimore.

Permit No. 9232 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth H Queen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* — *Months,* 17 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 96 Chestnut St

*Cause of Death,* First (Primary), Measles & Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* fifteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 12-1886

*Undertaker,* W W Madden

Samuel J Bell M. D.
Medical Attendant.

*Place of Business,* 46 East Pratt *Address,* 134 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of...

# Health Department, City of Baltimore.

Permit No. 92325 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. 1880 HEALTH DEPARTMENT

# CERTIFICATE OF DEATH.

*Date of Death,* June 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Lindenborn

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Schoolgirl

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 25 Fremont St (South)

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Seven months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* June 14th

*Undertaker,* Jacob Adams

*Place of Business,* High St *Address,* 8 N Eutaw

A Friedenwald *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 92326 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Tilghman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 71 Little Church St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Shaft St Cemetery

*Date of Burial,* June 14 / 86

*Undertaker,* S. W. Chase

*Place of Business,* Address, Camp 16 & 18

Thos. K. Kemp M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

H. M. Seward

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

H. M. Seward

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 92327 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Frederick Erich

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City

*Duration of Residence in the City of Baltimore,* 5 yrs

*Place of Death,* {Give Street and Number.} 324 Fort ave

*Cause of Death,* First (Primary), Laryngitis

Second (Immediate), Supposed

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 14th 1886

*Undertaker,* Wm Snyder

*Place of Business,* 263 Light St

R H Ellis M. D.
Medical Attendant.

*Address,* Fremont & Fielding

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 42828 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 14 *Days*

*Color,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 84 E. Baltimore St.

*Cause of Death,* First (Primary), Tetanus

Second (Immediate),

*Duration of Last Sickness,* Hours & days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* June 15

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 High St. *Address,* 363 Broadway

J. W. White, *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92329 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 13 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George William Carrington

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 7 *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 54 Orchard St

*Cause of death,* First, (Primary,) —

Second, (Immediate,) Summer Complaint

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Dear St

*Date of Burial,* June 14 86

*Undertaker,* Alex Kinsley

*Place of Business,* 16 Orchard *Address,* 83 Light

W. Gray Smith M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

# Health Department, City of Baltimore.

Permit No. 92330 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz J. Brugkamer

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 163 Allegania St.

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* June 16th 1884

*Undertaker,* W. Depkel

*Place of Business,*

T. Samuel Stevens M. D.

*Address,* Cam. & 6th R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspectors

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 9233 / *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12 — 86 —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not named (Mary Holmes) Mother

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* One hour *~~Days~~*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} No. 107 S. ~~Stree~~ Spring

*Cause of Death,* First (Primary), Congestion of Brain from

Second (Immediate), severe Labor

*Duration of Last Sickness,* Lived one hour.

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Public Cemetery

*Date of Burial,* June 14th 1886

*Undertaker,* George L. Kinchart

*Place of Business,* City Hall

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9233 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 13 — 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Campbell,

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 56 *Years,* — *Months,* — *Days*

*Color,* Colored,

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va. —

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give Street and Number.} No. 42 Madeira Alley

*Cause of Death,* First (Primary), Acute Gastritis

Second (Immediate), —

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Sub Cem.

*Date of Burial,* June 14th 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* City Hall

Alex. Hill, M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 42333 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Jan 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Worthy Stewart

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* 45 Yrs

*Place of Death,* {Give Street and Number.} 120 Argyle ave

*Cause of Death,* First (Primary), Fatty Degeneration of Heart

Second (Immediate), Bronchitis

*Duration of Last Sickness,* 3 to 4 Years

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* May 15th

*Undertaker,* H H Myers

*Place of Business,* 222 W Fayette

W. H. Grim M. D.
Medical Attendant.

*Address,* 135 W Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9233 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kotalik

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 137 Chapel St.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Ch

*Date of Burial,* June 14. 1886.

*Undertaker,* Frank Craab.

*Place of Business* 243 N Durham *Address,*

J. H. Collenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to [redacted] a full and correct record of the Vital Statistics in the City [redacted]timore.**

SECTION 2. *And be it further enacted and ordained,* That w[redacted]ver any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9235 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Mary~~ Nora Warfield

*Sex,* ~~*Male*~~ or ~~*Female*~~, {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 10 *Months,* 23 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 89 Columbia Ave

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), .....

*Duration of Last Sickness,* 26¼ hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 15th 1886

*Undertaker,* John D. Meacher

*Place of Business,* No 150 Camden

Elias C Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92336 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 3 1886 - 12 25 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Infant of Margaret & Angel J. Nolan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* 2 *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} Infant

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 33 Albemarle St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cy

*Date of Burial,* June 4 1886

*Undertaker,* Jas O Byrne

*Place of Business,* 67 Penn *Address,* 882 Bald St

A Hepburn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

16

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 6 *Months,* 28 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 6 mo 28 days

*Place of Death,* {Give street and number.} 93 Dover St

*Cause of Death,* First (Primary,) Dentition

Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* June 13, 86

T Edmund Kirby M. D.
Medical Attendant.

*Undertaker,* Fred'k A Kirchner

*Place of Business,* W. P. Cemetery

Address 82 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92338 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Foreman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* — *Months,* — *Days.*

*Color,* Col

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,* V

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Port Deposit Md

*Duration of Residence in the City of Baltimore,* 70 Years

*Place of Death,* {Give Street and Number.} 57 Myrtle av

*Cause of Death,* First (Primary),

Second (Immediate), Old age

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* June 14th/86

*Undertaker,* John Bishop

*Place of Business,*

James A Clemens M. D.

*Address,* Cor Pratt & D

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

M E Roberts Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92339 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

JUN 14 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* June 13/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Wilhelmina Ackermann

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 98 Chesapeake St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ev. Evangelical cem

*Date of Burial,* June 16th 1886

*Undertaker,* H. Lunder & Son

*Place of Business,* 252 Caroline St. *Address,*

J. H. Ellenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92340 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Townsend

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* *Months,* *~~Days~~*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Mariner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 207 Bank st

*Cause of Death,* First (Primary), Hypertrophy of Heart

Second (Immediate), Dropsy

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* June 16 1886

*Undertaker,* H. Snedeker & Son

*Place of Business,* 252 Cathedral *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of ~~Health~~ to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Ce...

# Health Department, City of Baltimore.

Permit No. 92341 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out.* Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12—1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Nelson Palmer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* 8 *Months,* 27 *Days*

*Color,* Wht.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Stock-broker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Saco, Maine

*Duration of Residence in the City of Baltimore,* Nearly all his life.

*Place of Death,* {Give Street and Number.} Central Police Station

*Cause of Death,* ~~First Cause~~, Heart failure, produced, as the ~~Secondary Cause~~, Coroner's Jury say, ~~from~~ by some poison

*Duration of Last Sickness,* 1½ hours. Administered by his own hand

All the above information should be furnished by the Physician.

*Place of Burial,* Saco Maine

*Date of Burial,* June 15th 1886

*Undertaker,* Stewart & Mowrn

*Place of Business,* 35 Park ave

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

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# Board of Health, City of Baltimore,

Permit No. 92342 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francisco Richter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 1 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 69 Thames Street

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Congestion of the Brain —

*Duration of Last Sickness,* About 5 or 6 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem.

*Date of Burial.* June 15th 86

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts.

N. E. Gaskill Jr. M. D.,
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92343 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Cammert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 67 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bal. Cem.

*Date of Burial,* June 16

W. S. Gordon M. D.
Medical Attendant.

*Undertaker,* Walter Emmert

*Place of Business,* 315 W. Baltimore *Address.* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 9234 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 12 '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F Crowley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ballo

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1 of East Eager

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem,

*Date of Burial,* June 13 1886

Geo B Raymond M. D.

Medical Attendant.

*Undertaker,* Henry Nee

*Place of Business,* ~~& No.~~ 16 Central Ave *Address,* 17 N Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 92345 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Francene

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Sweden - 13 years

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Five Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* June 16, 1886.

C. W. Mitchell M. D.

Medical Attendant.

*Undertaker,* Henry Nuse & Sons

*Place of Business,* 1 & 26 Cedar Ave. *Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92346 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

## CERTIFICATE OF DEATH.

*Date of Death,* June 14 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McLaughlin

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* 11 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No. 628 Barre St.

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) Convulsions 1 d

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick

*Date of Burial,* June 15-/86

*Undertaker,* Jos B. Cook

*Place of Business,* 707 N. Bal[illegible]

Robert W Moffett M. D.,
Medical Attendant.

*Address,* 188 Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92347 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 13 day of June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A. Jessop

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married,* ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* Balto City

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City Md

*Duration of Residence in the City of Baltimore,* 41 years

*Place of Death,* {Give Street and Number.} 533 West Franklin

*Cause of Death,* First (Primary), .....

Second (Immediate), Organic Disease of Heart

*Duration of Last Sickness,* several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn

*Date of Burial,* June 15th

*Undertaker,* Jos. B. Cook

*Place of Business,* 70 7 Balto, 2d

Dr. P. McGuan M. D.
Medical Attendant.

*Address,* 279 West Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 92348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13. 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Saml. Brown.

*Sex, Male or Female,* { cross out the word not required in this line. } Male.

*Age,* 70. *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored.

*Married,* ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } .....

*Occupation,* Laborer.

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland.

*Duration of Residence in the City of Baltimore,* Twenty Years.

*Place of Death,* { Give street and number } #16 King St.

*Cause of Death,* First, (Primary,) Gangrene of Foot

Second, (Immediate,) Senile Marasmus.

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 15th 1886

Jas. L. Brown M. D.
Medical Attendant.

*Undertaker,* W. A. Bischoff

*Place of Business,* 97 Druid Hill Ave

*Address,* #63 John St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 92349 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART'T BALTIMORE, MD.

## CERTIFICATE OF DEATH. D

*Date of Death,* 13th June 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Matilda Trent.

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* Twenty Six (26) Years, ..... Months, ..... Days

*Color,* Colored.

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* House Servant.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia.

*Duration of Residence in the City of Baltimore,* About ten Years.

*Place of Death,* {Give Street and Number.} No 12 Mulberry St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate), Consumption.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Levvel Cemetery

*Date of Burial,* June 15 1886

*Undertaker,* William Dunigee

*Place of Business,* 62 East St

Wm C. Van Bibber M. D.
Medical Attendant.

*Address,* 47 E Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 92350 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 14/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cleta Amese.

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St. Vincents Infant Asylum.

*Cause of Death,* First (Primary), Abscess of Parotid gland. Surgical

Second (Immediate), Suffocation -

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* June 15th 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* Harlem av. & Calhoun

R. McSherry M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 92357 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cleary

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 11 *Months,* ..... 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 249 S. Dallas St.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* June 15th

*Undertaker,* Wm F Schaefer

*Place of Business,* 52 Front St

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Aliceanna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

# Health Department, City of Baltimore.

Permit No. 92352 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Slaton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* — *Months,* — *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} W

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co.

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} 244 Hughes St

*Cause of Death,* First (Primary), Typhoid

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 15 1886

*Undertaker,* Hercules Ross

*Place of Business,* 94 Cantley St *Address,* 170 Shar[illegible]

[illegible] M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 92353 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days*

*Color,* Colored ✓

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 155 Henrietta St.

*Cause of Death,* First (Primary), Diabetes Mellitus

Second (Immediate), Pericardicitis

*Duration of Last Sickness,* About 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 15th 1896

*Undertaker,* J H Shaw

*Place of Business* 198 Hanover St *Address,* 262 Sharp St

R. M. Hall M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92354 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 15 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... 9 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 228 Hamilton St, Balto City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 228 Hamilton St

*Cause of Death,* First (Primary), Erysipelas

Second (Immediate), Convulsions

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* June 16 1886

*Undertaker,* J W Chase

*Place of Business* 198 Howard St

J. E. Clagett M. D.
Medical Attendant.

*Address,* 36 S. Eutaw St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 42355 *Office of Registrar of Vital Statistics.* Ward 3 & 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W. Montgomery

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 9 *Months.* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 9 years & 9 months

*Place of Death,* {Give Street and Number.} # 47 S Caroline Street

*Cause of Death,* First (Primary), Organic Disease of Heart

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* June 16 a

*Undertaker,* Wm F Schaffer

*Place of Business,* 5. S. Front St

Daniel F Powell M. D.
Medical Attendant.

*Address,* # 29 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92356 *Office of Registrar of Vital Statistics.* Ward 19 cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Corinne C Rhodes,

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 32 *Years,* — *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 556 Franklin St.

*Cause of Death,* First (Primary), Pulmonary Tuberculosis,

Second (Immediate), Hæmoptysis,

*Duration of Last Sickness,* Two or Three months,

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* June 15th 1886

*Undertaker,* Geary & Mitchell

*Place of Business,* 530 W Fayette St. *Address,* 530 W Fayette St.

*Medical Attendant.* Geo L Jones M. D.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92357 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 14/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. M. Stansbury

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 35 *Years,* — *Months,* *Days*

*Color,* white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 114 Bank St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 17th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92358 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 15 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 13 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Orth

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months.* 16 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 21 Moyer St Bells

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* June 15th 1886

*Undertaker,* H Henry Sandt Son

*Place of Business,* 252 Central Ave

A. S. Warner M. D.
Medical Attendant.

*Address,* Bank St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. 13 11

Permit No. 92359 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 15 1886
BALTIMORE MD.

13

## CERTIFICATE OF DEATH.

*Date of Death,* June 14 D. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Grecu

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* Six *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} ( ) Valmut-Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* June 15th 1886

*Undertaker,* John J Andrews

*Place of Business,* 164 & 6 Druid Hill Ave

Jos. Blum M. D.
Medical Attendant.

*Address,* Md. General Dispensary
Howard St near Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 9236 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

23

## CERTIFICATE OF DEATH.

*Date of Death,* June 14. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Klingelberg

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 121 Washington St.

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* June 15 1886

*Undertaker,* John Kenedy

*Place of Business,* 382 Orleans *Address,*

J. H. Collins M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92361 *Office of Registrar of Vital Statistics.* Ward 2 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 15. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cha. Robert

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 48 ~~50~~ *Years,* ..... *Months,* ..... *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Ship - Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 285 Three Runn Al.

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two Years & One month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* June 16th 86

*Undertaker,* G. Frank

*Place of Business,* Bank & Wolfe Sts

G. A. Luck M. D.
Medical Attendant.

*Address,* 392 E. Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Form.

# Health Department, City of Baltimore.

Permit No. 92362 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT JUN 16 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Brook

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 240 Conway St

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Collapse

*Duration of Last Sickness,* 36 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June 16. 1886.

*Undertaker,* Wm. H. Hickman.

*Place of Business,* 234 N. Gay St.

Medical Attendant Hossler M. D.

*Address,* 809 Caroline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 92363. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 14 86 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward + Katie

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 3 *Months,* 5 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } Harmony Lane # 111

*Cause of Death,* First (Primary), .....

Second (Immediate), Inanition

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 16 1886

*Undertaker* S H Chase

*Place of Business* 193 Howard ave *Address,* .....

E G Sparrow M. D.

~~Medical Attendant.~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 92364 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

13

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geatz Mandlebaum

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 70 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Gentleman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 49 Years

*Place of Death,* {Give Street and Number.} 399 Druid Hill Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Dropsy

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* June 16

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 High St

I. E. Clagett M. D.
Medical Attendant.

*Address,* 36 S. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92365 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Knowles,

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~1~~ *Years,* 8 *Months,* 5 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 462 Division St

*Cause of Death,* First (Primary), Eclampsia.

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* June 17/86

*Undertaker,* J. B. Cook

*Place of Business,* 1701 W. Balt. *Address,* 515 Penna Ave

W. Ricketts M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 92366 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mayer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany. in US 39 yrs

*Duration of Residence in the City of Baltimore,* 16 yrs

*Place of Death,* {Give Street and Number.} 20 Edmondson ave

*Cause of Death,* First (Primary), Rheumatism

Second (Immediate), Progressive Failure

*Duration of Last Sickness,* 7 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* W Ellicott's

*Date of Burial,* Carroll Co Md June 17th 1886

*Undertaker,* Henry Enders Sons

*Place of Business,* Park & Saratoga sts

J. M. Hundley M. D.
Medical Attendant.

*Address,* 22 Edmondson Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4234 Hansel

[over.]

# Health Department, City of Baltimore.

Permit No. 9436 7 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Frances Callery

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 55 Hudson St.

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 17th

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* Balt. & Paca Sts.

H. G. Lusk M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

# Health Department, City of Baltimore.

Permit No. 92368 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Kelly

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Barber Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 407 Eastern ave

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Coma

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks.

*Date of Burial,* June 17th

*Undertaker,* M. [redacted] *M. D.*

*Place of Business,* [redacted] *Address,* [redacted]

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 92369 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Mary Reis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 109 Eastern Ave.

*Cause of Death,* First (Primary), Measles

Second (Immediate),

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* June 16 1886

*Undertaker,* Michael Rank

*Place of Business,* 15 Bank St. *Address,* 211 Broadway

R. M. Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92370 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886 10 P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton W. Elder

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* ~~1 day~~ *Years,* — *Months,* — 5 *Days*

*Color,* Black

*~~Married,~~ Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 5 days

*Place of Death,* {Give Street and Number.} 40 King St.

*Cause of Death,* First (Primary), Umbilicus Umbilicus cord.

Second (Immediate), Trismus Nascentium

*Duration of Last Sickness,* 24 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* W. Public Cemetery

*Date of Burial,* June 16th 1886

*Undertaker,* Fred A. Kirchner

*Place of Business,* Health Office *Address,* University Hospital

C. M. Mitchell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 9237 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15 94

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy B. Wells

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B City

*Duration of Residence in the City of Baltimore,* 4 4, 2

*Place of Death,* {Give Street and Number.} 544 Hanover st

*Cause of Death,* First (Primary), Congestion of Lungs

Second (Immediate), Apnoea

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 16 94

*Undertaker,* B. Cook

*Place of Business,* 70 7. W. Balto

R W P Ellis M. D.
Medical Attendant.

*Address,* Bond & Mulberry sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 92372 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Hawkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1y *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~ ~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Children's Hospital

*Cause of Death,* First (Primary), Croup Pseudomembranous

Second (Immediate),

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* June 16

*Undertaker,* C. W. Blizzard

*Place of Business,* 201 Pine Ave *Address,*

C. F. Brun *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92373 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 6.16.86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Friedman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Poland

*Duration of Residence in the City of Baltimore,* 8 Months

*Place of Death,* {Give Street and Number.} 11 N. Amity St

*Cause of Death,* First (Primary), Enteric Peritonitis

Second (Immediate),

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Russian Cemetery

*Date of Burial,* June 16

Louis M. Eshman M. D.

Medical Attendant.

*Undertaker,* Jacob Strens

*Place of Business,* 28 North Eutaw *Address,* 349 Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92374 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Donnelly,

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Glasgow, Scotland,

*Duration of Residence in the City of Baltimore,* 56 years.

*Place of Death,* {Give Street and Number.} 510 N. Fremont St

*Cause of Death,* First (Primary), Hypertrophy of the Heart.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters.

*Date of Burial,* June 17

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Baltimore

L. Rickert M. D.
Medical Attendant.

*Address,* 515 Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92375 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Siblewski

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 259 S Wolf St

*Cause of Death,* First (Primary), Measles

Second (Immediate), Sprue

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* June 16th 1886

*Undertaker,* L Brostowski

*Place of Business,* 215 S Ann St

Geo A Lamb M. D.

[redacted]

Address, City

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92376 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 16 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse M. Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~4~~ *Years,* 11 *Months,* 4 *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 112 Hughes St

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* June 16 86

*Undertaker,* C F Kramer

*Place of Business,* 209 Hanover *Address,* 50 Hanover

J B B Noble M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92377 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE JUN 16 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Williams

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bucks. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 85 Booth Street

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery

*Date of Burial,* June 16 1886

*Undertaker,* William Dorsey

*Place of Business,* 62 East Pratt *Address,* 558 W. Fayette

C. Blume M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Please Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92378

## *Office of Registrar of Vital Statistics.*

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 15th 96.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kendrak

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 17 *Years,* 10 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 49 Compton Ln.

*Cause of Death,* First (Primary), Exhaustion after Pneumonia

Second (Immediate), Acute Nephritis

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* June 16

*Undertaker,* B. Myers

*Place of Business,* 82 West St

Rob Smith M. D.
Medical Attendant.

*Address,* 281 S. Charles St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92379 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Thomas Winsley

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 370 Light St.

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western C

*Date of Burial,* June 16

*Undertaker,* B. Hasly

*Place of Business,* 92 West St

Robert S. Lowe, M. D.
Medical Attendant.

*Address,* 333 Light St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92380 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 14. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days* 1

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 259 Montgomery

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Edmondson Ave

*Date of Burial,* June 16, 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Can Way St

W. F. Bozz M. D.
Medical Attendant.

*Address,* 177 Stanford St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92381 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15 — 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Locolavitch

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 70½ Harrison Ct

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 70½ Harrison

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate),

*Duration of Last Sickness,* one weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* June 16th 1888.

*Undertaker,* Evans & Spence

*Place of Business,* 66 E Balto St

J. Gallagher M. D.
Medical Attendant.

*Address,* 1 So. Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92382 *Office of Registrar of Vital Statistics.* Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 16 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Ellis

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 38 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 65 Stirling St

*Cause of Death,* First (Primary), Asthma

Second (Immediate),

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* June 17 '86

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Sq

H V Moyer M. D.
Medical Attendant.

*Address,* 192 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore.

Permit No. 92383 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

# CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Konrad Keller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 3 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Blacksmith by Trade

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 Years

*Place of Death,* {Give street and Number.} Spring Gardens Near Konrad Bros

*Cause of Death,* First (Primary), By Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City.

*Date of Burial,* June 17th 1886

*Undertaker* Adam Fink & Son L. L. Shanow M. D.

Medical Attendant.

Coroner

*Place of Business,* 461 N. Eutaw St. *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Board of Health, City of Baltimore,

Permit No. 92384 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT JUN 16 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 14, 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Smith

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

*Age,* —— *Years,* 6 *Months,* 1 *Days,*

*Color,* Colored

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* ——

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* { ~~Street~~ and Number. } 16 Lombard st

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,) ——

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pub. Cemetery

*Date of Burial,* June 16/1886

C. D. Smith, M. D.

Medical Attendant.

{ *Undertaker* / *Place of Business.* } L. A. Kerchner / Health Office

*Address,* 568 ~~Hanover~~ Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 92385 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
JUN 16 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Preston Forbes

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* *Months,* 6 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 249 Putnam V

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 249 Putnam

*Cause of Death,* First (Primary), Morbus Cerebralis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Evergreen Balto Co

*Date of Burial,* June 17th 1886

*Undertaker* J. Lewis Schaefer

*Place of Business,* 1098 N. Fremont St *Address,* 193 Putnam

G. W. Jones M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92386 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Sellmaier

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* 6 *Months,* — *Days*

*Color,* Wh

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Wheelwright

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 161 E. Lombard St.

*Cause of Death,* First (Primary), Bright's disease

Second (Immediate), Anuria

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery.

*Date of Burial,* June 18th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Anne

E. B. Britton M. D.
Medical Attendant.

*Address,* 51 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92387 *Office of Registrar of Vital Statistics.* Ward. 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Kane

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* *Months,* *Days*

*Color,* Blk

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B City 15-9

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 58 Race ab

*Cause of Death,* First (Primary), Diphtheria Pulmonalis

Second (Immediate), Apnoea

*Duration of Last Sickness,* 4 Mths

All the above information should be furnished by the Physician.

*Place of Burial,* Harpst Cemet

*Date of Burial,* June 15. 884

*Undertaker,* H Ross

*Place of Business,* 75 Commerce

R H O Ellis M. D.
Medical Attendant.

*Address,* Race & Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92388 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 15 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dorman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 7 China St

*Cause of Death,* First (Primary), Spasms

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* June 18 86

*Undertaker,* H Keyser

*Place of Business,* 45 Canary St

C. L. Bose M. D.
Medical Attendant.

*Address,* 97 Shaft

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92389 *Office of Registrar of Vital Statistics.* Ward 1a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. Irwin Wolford

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~Years~~, 6 *Months,* 16 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ✓ Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 418 E. Lombard St

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* H. C. Carmel Cem.

*Date of Burial,* June 17th 1886

*Undertaker,* H. Sander & Son. Thomas R. Evans, M. D. Medical Attendant.

*Place of Business,* 252 Canton Ave. Address, 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 92390 Office of Registrar of Vital Statistics. Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Koehler

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* 7 *Months,* 14 *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 13 years.

*Place of Death,* {Give street and Number.} No 233 East Baltimore St. [illegible]

*Cause of Death,* First (Primary), Pericarditis.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Evangelical

*Date of Burial,* June 18th 1886

Kurt Seyferth M. D.
Medical Attendant.

*Undertaker* H. Sander & Son

*Place of Business,* 352 Central *Address,* 233 East Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92391 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Greenwald

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 8 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 858 Eastern Ave

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 20 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* June 17 1886

*Undertaker,* H. C. Sauder & Son

*Place of Business,* 252 Canton Ave

D. Keating M. D.
Medical Attendant.

*Address,* 814 E. Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92392 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* ——— *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} /

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetimon

*Place of Death,* {Give Street and Number.} St. Vincent Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Lifetimon

All the above information should be furnished by the Physician.

*Place of Burial,* New Bath. Cemetery

*Date of Burial,* June 17th 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* 1021 Dr. Hill Ave.

F. J. Flannery *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92393 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Harris

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 121 South St

*Cause of Death,* First (Primary),

Second (Immediate), Inflammation of the bowels

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 17th 1886

*Undertaker,* Fred A. Keyser *Medical Attendant,* M. K. Garner M. D.

*Place of Business,* Health Office *Address,* Lafayette Ave & Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 10994 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rena Richter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Twelve *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 162 Conway St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* June 17th

*Undertaker,* Wm. J. Tickner

*Place of Business,* 1 S Eutaw St *Address,* 16 Columbia Ave

Jos. Pleus *M. D.*
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92394 — *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McGee

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — — —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 351 Hamburg

*Cause of Death,* First (Primary), Gastro intestinal Catarrh

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial* St Peters Cem

*Date of Burial* June 18th 86

*Undertaker,* Wm J Zickner

*Place of Business,* 61 S Eutaw St *Address,* 283 N Fremont

Geo F Mechlin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92396 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mabel Gordon

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 6 *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 182 Scott St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* June 17 86

*Undertaker* Wm. J. Dickson

*Place of Business,* 618 S Eutaw *Address,* 41 "n Carey St

H. H. Simms M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92397 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Herrmann

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 25 *Years,* *Months,* *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S.

*Occupation,* Painter.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 149 Sterling St.

*Cause of Death,* First (Primary), Cirrhosis of Liver

Second (Immediate), Convulsions

*Duration of Last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mathews Cy

*Date of Burial,* June 17 1886

*Undertaker,* Henry Stark

*Place of Business,* 209 N Central Av *Address,* 186 Aisquith St.

H. J. Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92398 *Office of Registrar of Vital Statistics.* Filed 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Morris

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 58 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore.* Thirty years

*Place of Death,* {Give Street and Number.} 939 Haw Street

*Cause of Death,* First (Primary), Rheumatismus Chronica

Second (Immediate), Ulcerative Endocarditis / asthenia

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loyd St Congregation

*Date of Burial,* Friday June 18th 1886

*Undertaker's* J. F. D. Sondheim

*Place of Business,* 38 N. Greene St

Jos. Chew M. D.
Medical Attendant.

*Address,* 76 Columbia Ave.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92399 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Found floating in the Basin Back of Federal Hill on June 14th - Date of death unknown.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown -

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* Probably 5 days old *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Unknown -

*Duration of Residence in the City of Baltimore,* Unknown -

*Place of Death,* {Give Street and Number.} Found in the Basin near or back of Fed. Hill -

*Cause of Death,* First (Primary), Body so much decayed and fish-eaten that it was impossible to determine Cause of death. From the Second (Immediate) Condition of Navel and Cord child probably lived 4 or 5 days after birth -

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Western Potters Field -

*Date of Burial,* June 17th 1886

*Undertaker,* F A Kirchner

*Place of Business,*

Frank J Flannery M. D.
Coroner
Medical Attendant.

*Address,* 1404 Druid Hill Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92400 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fischer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* ——— *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 6 days

*Place of Death,* {Give Street and Number.} 29 S. Wolf

*Cause of Death,* First (Primary), Capillary Bronchitis,

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* June 17

*Undertaker,* W Engel

*Place of Business,* 157 S Bond

W. T. Gardner M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] on this Certificate.

# Health Department, City of Baltimore.

Permit No. 92401 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S DEPARTMENT JUN 18 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Still Shoemaker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} (Shoemaker) ~~Schumacher~~

*Age,* — — *Years,* 7 *Months,* — 2 — *Days*

*Color,* White V

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 121 William St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Nervous Prostration

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester

*Date of Burial,* June 17 1886

*Undertaker,* Armstrong & Sons

*Place of Business,* 263 Light *Address,* 50 Warren Ave

E B Noble M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Trans. 4236

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92401 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Marie Young

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 2 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 23 ox ford st -

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ellicott City, Md.

*Date of Burial,* June 18 1886

*Undertaker,* Morgan & Pyle

*Place of Business,* No 9 Mulberry St *Address,* 206 Madison Ave

Chas. H. Pue M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92.403 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 16th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline C. Merrick

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Trappe Talbot Co. Md

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} ~~Trappe Talbot Co Md~~ Bidder N Co

*Cause of Death,* First (Primary), Child-bed

Second (Immediate), Placenta Praevia

*Duration of Last Sickness,* 12 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Trappe Talbot

*Date of Burial,* June 18th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St

Edmund R Walker M. D.
Medical Attendant.

*Address,* 183 Linden Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the U[redacted]ther persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name[redacted] condition (whether married or single) of the person deceased, and the cause and date of death. 423

[OVER.]

Special Attention of Physicians is respectfully invited to the Schedule below, and to Rule of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92404 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Norris

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 73 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ V

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 218 Pratt St.

*Cause of Death,* First (Primary), Chronic Inflame Bowels

Second (Immediate), Debility

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Cox & Statler

*Date of Burial,* June 18

*Undertaker,* C H Blizard

*Place of Business,* 201 Pennsylvania Ave *Address,* .....

H. Collenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4237

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92406 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Stulow

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* ~~XX~~ *Months,* ~~11~~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 614 Lancaster St

*Cause of Death,* First (Primary), Debilitas

Second (Immediate), Enteritis

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 18th 1886

*Undertaker,* Geo Leinbach

*Place of Business,* 38 W Pratt St

Jno D Glass M. D.
Medical Attendant.

*Address,* 15 E Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92406 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 17. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Fred Gross

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* ..... *Months,* ..... *Days*

*Color,* colored

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Brick-Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

*Duration of Residence in the City of Baltimore,* Fifty years

*Place of Death,* {Give Street and Number.} 225 Baltimore St.

*Cause of Death,* First (Primary), Undetected Pneumonia Chronic

Second (Immediate), Pneumonia Asthenic Form

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial* Woodberry Evergreen

*Date of Burial,* June 20th 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 1 f 6 Hilliard

C. C. Lane M. D.
Medical Attendant.

*Address,* Balt & Jas L. G.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rules on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 92407 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER DEPARTMENT OF HEALTH JUN 18 1886 BALTIMORE, MD.

C

# CERTIFICATE OF DEATH.

*Date of Death,* June 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Buoyer

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 15 *Months,* — *Days.* ✓

*Color,* Color'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* 15 Months

*Place of Death,* {Give street and Number.} 50 Little Monument St.

*Cause of Death,* First (Primary),

Second (Immediate). Phthisis Pulmonalis

*Duration of Last Sickness,* Two months

All the above info mation should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* June 18th 1886

J. Ginglino M. D.
Medical Attendant.

*Undertaker* Alex Hemsley

*Place of Business,* 116 Richard St *Address,* 152½ N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Health Department, City of Baltimore.

Permit No. 12408 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Gibson

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* ..... *Years,* 5 *Months,* 14 *Days*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 N. Patterson Pk av.

*Cause of Death,* First (Primary), Simple Atrophy

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* June 18. 1886

*Undertaker,* John Lahr

*Place of Business,* 201 E Balto St *Address,* 57 N Broadway

E. B. Shutton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92409 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Andrew McCubbin

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* 20 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Home of the Foundress - Druid Hill av.

*Cause of Death,* First (Primary), Measles - (Cyanosis from Lung Disease)

Second (Immediate), Heart failure (See remarks)

*Duration of Last Sickness,* Death sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 18th June 1886

*Undertaker,* Jno. B. Cook & Co. *Medical Attendant* Chas. Van Bibber M. D.

*Place of Business,* Schneider & Balto *Address,* 4 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules [illegible]

# Board of Health, City of Baltimore,

Permit No. 92410 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

# CERTIFICATE OF DEATH.

*Date of Death,* June 17, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur C. Russell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 8 Months, 18 Days.

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Infant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and Number.} 3 Woodwood

*Cause of Death,* First (Primary), Cerebral Meningitis

Second (Immediate), " "

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 19th 1886

J. D. Johnston M. D.
Medical Attendant.

*Undertaker* S. M. Leonard & Son

*Place of Business,* 729 W. Baltimore *Address,* 506 Mad. Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92411 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Courtney

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* {Give Street and Number.} S. E Cr. Bowdan Ave & Chas

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 19th 1886

*Undertaker,* H. W. JENKINS & SONS UNDERTAKERS Park & Saratoga Sts.

*Place of Business,*

Dr. Burke Dorsey M. D.

Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92412 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 17th June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McGruder

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 3 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Infant

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 33 Campbell's Alley

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 11 Stockton Alley

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Chapel at Cemetery

*Date of Burial,* June 18 1886

*Undertaker,* William Bunger

*Place of Business,* 62 East St

F. V. Benson M. D.
Medical Attendant.

*Address,* 187 Hollins st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 92413 *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Augustus Ridout

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 13 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower.* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 79 Moores Alley

*Duration of Residence in the City of Baltimore,* life time.

*Place of Death,* { Give street and Number. } 79 Moores alley

*Cause of Death,* First, (Primary,) Apnoea & Asthmia

Second, (Immediate,) Pneumonia —

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial* Laurel

*Date of Burial,* June 18th 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St

Robt T Wilson M. D.
Medical Attendant.

*Address,* 152 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 92414 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Noel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* ~~~ *Months,* 18 *Days,*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 22 Little Monument St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} " " "

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* June 1, 1886

*Undertaker,* Alex. Hensley

*Place of Business,* 116 Orchard St Address,

W. D. Booker M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 92415 *Office of Registrar of Vital Statistics.* Ward 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Würfleni.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* 8 *Months,* — *Days,*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Locksmith.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany 33 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} #315 Penna Ave

*Cause of Death,* First, (Primary,) Chronic Pneumonia

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Fifteen weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Ballo Cemt

*Date of Burial,* June 20th 1886

*Undertaker,* J E Youghtd

*Place of Business,* 298 Penna ave

William E Wiegand M. D.
Medical Attendant.

*Address,* 343 Penna Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Ward 6 1

Permit No. 92416 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT JUN 19 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph D. Pettinario

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~2~~ 35 *Years,* ..... *Months,* ..... *Days* V

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Carpenter and Police Officer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* 17 Yrs

*Place of Death,* {Give Street and Number.} 17 N. Caroline

*Cause of Death,* First (Primary), Phthisis Pulmonary

Second (Immediate), Asthenia

*Duration of Last Sickness,* 1 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cem.

*Date of Burial,* June 20

*Undertaker,* Walter Immel

*Place of Business,* 313 W. Biddle

Geo. L. Wise M. D.
Medical Attendant.

*Address,* 77 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9247 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* JUN - 18 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora M. Berger

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ~~—~~ *Years,* 1 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 90 Edmondson Ave.

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 18.

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle St. *Address,* 46 West Biddle St

Wm. H. O. Sellman M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92418 *Office of Registrar of Vital Statistics.* Ward 12²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

14

## CERTIFICATE OF DEATH.

*Date of Death* June 17th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Skinner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* —— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents Asylum -

*Cause of Death,* First (Primary), Pertussis & Croup -

Second (Immediate), Ex -

*Duration of Last Sickness,* 15 days -

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* June 18th 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St.

F. J. Flannery M. D.
Medical Attendant.

*Address,* 402 Dr. Hill ave -

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92419 *Office of Registrar of Vital Statistics.* Ward 3 4

HEALTH DEPARTMENT JUN 18 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Mink

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give Street and Number.} 25 Durham St.

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Dropsy - Hepatic

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* June 19 th.

*Undertaker,* H Bottomley Jr.

*Place of Business,* 253 E. Lombard Address,

J. H. Collenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 10 on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92420 *Office of Registrar of Vital Statistics.* Ward 17

BALTIMORE HEALTH DEPARTMENT JUN 18 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17- 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Theodore Wachs

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U S

*Duration of Residence in the City of Baltimore,* 6 mos

*Place of Death,* {Give Street and Number.} 90 Towson St

*Cause of Death,* First (Primary), .....

Second (Immediate), Gastro Enteritis

*Duration of Last Sickness,* several days. —

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* June 18 - 86

*Undertaker,* C F Kraus & Son — Geo A Staines M. D.

Medical Attendant.

*Place of Business,* 209 Hanover — *Address,* 226 Montgomery

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92421 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Selina Brackelon

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days.*

*Color,* cd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 444 Vincent-alley

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 18/86

*Undertaker,* A Hensley

*Place of Business,* Orchard St *Address,* Canton R R

James A Steuart M. D.

~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo E Brown
Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 92422 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 18 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 16 — "86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Brooks

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltd. Md —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. 533 Ensor St.

*Cause of Death,* First (Primary), Suffocation (accidental)

Second (Immediate), —

*Duration of Last Sickness,* Few minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery

*Date of Burial,* June 18th 1886

*Undertaker,* J. J. Locks

*Place of Business,* 213 Eastern Av

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92423 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

20

## CERTIFICATE OF DEATH.

*Date of Death,* June 17. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William James Forker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Mail

*Age,* 16 *Years,* 1 *Months,* 16 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 761 N Pratt St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Phthisis

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* June 1886

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Pratt St. *Address,* 55 N Green St

W. T. Kemp M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92424 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 7/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Brick

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 77 *Years,* —— *Months,* —— *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 431 Hanbury, E. B.

*Cause of Death,* First (Primary), old age

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* June 20/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto

Geo. A. Blair M. D.
Medical Attendant.

*Address,* 153 Division

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92425 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Horn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* — *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cumberland Md

*Duration of Residence in the City of Baltimore,* About 2 years

*Place of Death,* {Give Street and Number.} House of the Good Shepherd

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* June 18th 1886

*Undertaker,* L. B. Cook

*Place of Business,* 707 N. Balto

Edw F Mulholland M. D.
Medical Attendant.

*Address,* 283 N. Fremont

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92426 *Office of Registrar of Vital Statistics.* Ward 7"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* About June 16-86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Found on vacant lot.

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* Hoffman Near Broadway

*Place of Death,* {Give Street and Number.} —

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), —

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* June 18 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92427

## Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 18 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Florence Mason

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days*

*Color,* Ed

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 57 Jackson St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 18 1886

*Undertaker,* Wm W. Madden

*Place of Business,* 46 Eash St. *Address,* 172 Eastern Ave

G. A. Clarke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92428 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick W Haber

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} N. W. cor Light and Barney Sts

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Home Cemt

*Date of Burial,* June 18/86

*Undertaker,* G. Koether

*Place of Business,* Address, Camp & Pr

James A Steuart M. D.
Medical Examiner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. E. Roberts Sani. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. 3

Permit No. 92429 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Shuppe

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 16 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 379 E. Balt. St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* June 18th 86

*Undertaker,* G. Francis

*Place of Business,* Pont & Wolfe Rds *Address,* 50 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 72430 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday June 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Richards

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 2 *Months,* 16 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 112 Hair St

*Cause of Death,*
First (Primary), Measels
Second (Immediate), Gastro Enteritis

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem.

*Date of Burial,* June 18th 86

*Undertaker,* G. Trance

*Place of Business,* Davis & Wolfe St. *Address,* 28 O Donnell St

J E Richard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92431 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hillen Neubeck

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 22 N. Wolfe St.

*Cause of Death,* First (Primary), Peritonitis Puerperal

Second (Immediate), " (Attended by a Midwife

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* June 19th 86

E. F. Jones M. D.
Medical Attendant.

*Undertaker,* J. G. Francis

*Place of Business,* Bank & Wolfe Sts. *Address,* 375 E. Balto. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

**Permit No.** 92432 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Niegand.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 3 *Months.* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 127 Hill St.

*Cause of Death,* First (Primary), Severe diarrhoea.

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens

*Date of Burial,* June 19

*Undertaker,* B. Hart

*Place of Business,* 92 West St

L. M. Free M. D.

Medical Attendant.

Polyclinic

*Address,* 117 Hanover St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92433 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18 84

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Ellis

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow*~~, ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} Penna. Lane, Infirmary & Broadway

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* June 19/86

*Undertaker,* M A Sawyer Colly

*Place of Business,* 34 Lydia *Address,* Penna. Lane, Infirmary

F. A. Harris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92434

*Office of Registrar of Vital Statistics.*

6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Cecil Co Md

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and number.} 97 North Caroline St

*Cause of Death,* First, (Primary.) Injury to back

Second, (Immediate.) Hepatitis & nephritis

*Duration of Last Sickness,* 2 months & 27 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* June 20/86

*Undertaker,* Wm S. Fry

*Place of Business,* 810 Broadway

H E Hooke M.D.,
Medical Attendant.

*Address,* 241 E Balto St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92435 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irma F Ramsey

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 78 Parkin. Ave

*Cause of Death,* First (Primary), Measles

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* June 19th 1886

*Undertaker,* Henry J Miland

*Place of Business,* 536 W Fayette St *Address,* 134 Columbia ave

Geo R Graham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 92436 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Granville Morris.

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months.* 19 *Days*

*Color,* White.

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Merchant.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} W. Va.

*Duration of Residence in the City of Baltimore,* 4 years.

*Place of Death,* {Give Street and Number.} 72 N. Mount st.

*Cause of Death,* First (Primary), one week and estimated mental strain -

Second (Immediate), Meningitis & Paralysis

*Duration of Last Sickness,* three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Woodsdale W. Va

*Date of Burial,* June 20th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W. Fayette *Address,* 17 N. Calhoun st

Truman F. Hill M. D.
Medical Attendant.

HEALTH DEPARTMENT, BALTIMORE MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Sheeal

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 92437 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } George Bourne

*Sex, Male or Female,* { Cross out the word not requred in this line. }

*Age,* 64 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* Travelling Agent

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Calvert Co Md

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* { Give street and Number. } Lexington St No 772

*Cause of Death,* First (Primary), Chronic Gastritis

Second (Immediate), " " Asthenia

*Duration of Last Sickness,* Several Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 20th 1886

E. G. Spencer M. D.
Medical Attendant.

*Undertaker* Derry & Mitchell

*Place of Business,* 360 W Fayette Address, N 27th & Mount St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to those on the back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92438 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Fortburg

~~*Sex; Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 7 *Days*

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation*~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Belair & North Ave

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Edema of

*Duration of Last Sickness,* 2 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 19th

*Undertaker,* Geo Schilling

*Place of Business,* Belair Ave *Address,* 245 E Baltimore

J Statter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92439 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Bressin.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Farmer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

*Duration of Residence in the City of Baltimore,* Nine months

*Place of Death,* {Give Street and Number.} 245 N Fremont.

*Cause of Death,* First (Primary), Hypertrophied Prostate

Second (Immediate), Chronic stomatis of bladder

Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Church (Balto Co)

*Date of Burial,* June 19/86

*Undertaker,* W.m H. Stifler

*Place of Business,* Balto Co Md *Address,*

Thos. A. Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4238 Fremont

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92440 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Cole

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Four years

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* June 19th 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Department *Address,* City Hospital

William J. Power M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92441 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick L. Lenf

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 12 *Years,* 1 *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 4 5 yrs

*Place of Death,* {Give Street and Number.} 84 E Lombard St

*Cause of Death,* First (Primary), Chronic Complications

Second (Immediate), Old Age & Chronic Diseases

*Duration of Last Sickness,* Eight Years (Bright Disease &c, &c

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 20th 1886

*Undertaker,* Fred Gaede

*Place of Business,* 278 Caroline address, 88 E Balto St

A Gregg Shortzer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92442 *Office of Registrar of Vital Statistics.* Ward 19 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodosia King

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* five *Months,* one *Days*

*Color,* Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birth-Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 42 Parish alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* June 18th 1886

*Undertaker,* Wm. A. Burger

*Place of Business,* 62 East St

Wm Knight M. D.
Medical Attendant.

*Address,* 22 Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92443 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* ~~June 24 86~~ June 27 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Katie Stehn~~ Caroline Kappolt

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* —— *Months,* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 236 Eaton Ave

*Cause of Death,* First (Primary), Apoplexia cerebri

Second (Immediate), Paralysis

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* German Cemetery.

*Date of Burial,* June 29th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 253 Aliceanna. *Address,* 245 E. Baltimore

J. Guthrie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92447 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harold Houck

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 10 *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt° City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 28 Pine St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Spasms.

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Hebrew Congregation

*Date of Burial,* June 20 1886

A R Friedel M. D.
Medical Attendant.

*Undertaker,* M. L. Stearns

*Place of Business,* Fayette & Howard *Address,*

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92445 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rapp

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Grocer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Sixty-eight Years

*Place of Death,* {Give Street and Number.} 211 E. Pratt. Park Ave.

*Cause of Death,* First (Primary), Duchenne's Disease

Second (Immediate), Anasarca

*Duration of Last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* June 20th 1886

*Undertaker,* John Kenney G. G. Lusk M. D.
Medical Attendant.

*Place of Business,* 382 Orleans St *Address,* 3928 E. Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92466 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Kaufman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 78 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Gentleman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 yrs

*Place of Death,* {Give Street and Number.} 620 W Biddle

*Cause of Death,* First (Primary), Ascites

Second (Immediate), Uremic Coma

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Hebrew Belair R'd

*Date of Burial,* June 20/

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balt St. *Residence,* 98 S. Eutaw St.

H. E. Hagett M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92447 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Faithful

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk at W. Va Central & Pittsburg Coal Co's Wharf.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Killed by cars at Kirwans Wharf E. Fourth

*Cause of Death,* First (Primary), Coroners Jury decided That his death was caused by being struck upon the head by a coal car of the B & O Rail Road while in motion - Hand

Second (Immediate), and body received injuries likewise

*Duration of Last Sickness,* unknown.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* June 20th 86

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto St. *Residence,* 404 Dr. Hill ave.

Frank J. Flannery M. D.
Coroner
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92458 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 16, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie May Newton

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* *Months,* *Days*

*Color,* white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 370 W Lombard st

*Cause of Death,* First (Primary), Acute Tuberculosis

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 19/86

*Undertaker,* J. B. Cook Jno Bailey M. D.
Medical Attendant.

*Place of Business,* 707 W. Balto St *Address,* 319 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92449 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD.

## CERTIFICATE OF DEATH.

03

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Frazier

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* 2 *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick Md.

*Duration of Residence in the City of Baltimore,* Twenty years

*Place of Death,* {Give Street and Number.} 103 S. Green St.

*Cause of Death,* First (Primary), Phthisis Tuberculosis

Second (Immediate), Asthenia

*Duration of Last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 19th 1886

*Undertaker,* Sam'l W. Chase

*Place of Business,* 198 S. Howard St. *Address,* 76 Columbia Ave

Jos. Bluett M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92450 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 19. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Harrison

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 6 *Months,* 13 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 19 Ensor st.

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), Eclampsia

*Duration of Last Sickness,* 1 or 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 20th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Geo. A. Hartman M. D.
Medical Attendant.

*Address,* 305 St Paul st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92457 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* 17th June, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schmidt

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

*Age,* 24. *Years,* 9. *Months.* 22 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 685 West Baltimore St.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* June 20th

*Undertaker,* Jos. Joerdens & Son

*Place of Business,* 59 N. Schroeder *Address,* Fayette & Fremont Sts.

A. M. Littell, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92452 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 18th June, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bombach

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 5 9 *Years,* 3 *Months,* 21 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Stovesetter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore.* 37 Years.

*Place of Death,* {Give Street and Number.} 79 South Fremont St.

*Cause of Death,*
First (Primary), Rheumatism and Inflammation of Lungs
Second (Immediate), Inflammation of Bowels

*Duration of Last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 20/86

*Undertaker,* P. Dide

*Place of Business,* 163 Columbia Ave

N. W. Littell, M. D.
Medical Attendant.

*Address,* Fayette & Fremont Sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92453 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Robinson

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

*Color,* Black

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 23 Vincent alley

*Cause of Death,* First (Primary), —

Second (Immediate), Consumption

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 20th 1884

*Undertaker* Alex Helmsley

*Place of Business,* Orchard St *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John M. Dr Goey Insp

# Health Department, City of Baltimore.

Permit No. 92454 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 19th June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Camphor

*Sex, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 5 Months. 1 5 Days

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 194. Warner Str

*Cause of Death,* First (Primary). Marasmus

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cem

*Date of Burial,* June 19 1886

*Undertaker,* Jesse Perkins

*Place of Business,* 221 Hamburg St *Address,* 146. Hill Str

L. D. Dyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92455 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~ *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 9 D Centre Ave

*Cause of Death,* First (Primary), Acute Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 16 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Friendship Cemetery

*Date of Burial,* June 21st 86.

*Undertaker,* J. D. Rossing

*Place of Business,* 126 O Henry *Address,* 2 W Broadway

D W Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92456

*Office of Registrar of Vital Statistics.*

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Rinehart

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 141 Bolton St

*Cause of Death,* First (Primary), Malignant Cancer

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 30 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 21st 1886

*Undertaker,* H. W. JENKINS & SONS UNDERTAKERS

*Place of Business,* Park & Saratoga Sts.

S. Hillenthaler M. D.
Medical Attendant.

*Address* 117 St. Paul

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92457 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mechselberg

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 142 S. Washington St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Evangelical and

*Date of Burial,* June 20th 1886

*Undertaker,* Wm. Sanders & Son

*Place of Business,* 252 Caroline St

John H. Kehlberger M. D.
Medical Attendant.

*Address,* 743 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 92458. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

# CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Krukowitch

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days,* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 214 N Broadway

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* about 5 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Russian Cem

*Date of Burial,* June 20 = 1886

*Undertaker* D. Hyman.

*Place of Business,* 112 N Hugh

E. W. Eilau M. D.
Medical Attendant.

*Address,* 56 N Bath

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92459 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Weber

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* 48 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} M

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} # 33 Bayard St

*Cause of Death,* First (Primary), Inebriety

Second (Immediate), Prostration from heat

*Duration of Last Sickness,* June 17th 86

**All the above information should be furnished by the Physician.**

*Place of Burial,* Lauderdale Cem

*Date of Burial,* June 20th 86

*Undertaker,* Julius Kugler

*Place of Business,* Corbin Nash

H. C. Smith M. D.
Medical Attendant.

*Address,* # 106 Columbia Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92460 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Dietz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* Liquor Dealer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give Street and Number.} 308 Cross St

*Cause of Death,* First (Primary), Gastric Cancer

Second (Immediate), Marasmus

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* June 20th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,*

*M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTI

*Permit No.* 92461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 18th 12 p.m. 188

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Hardesty

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 72 *Years,* 3 *Months,* *Days.*

*Color,* Colored *Sex,* M

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 34 Richmond St

*Cause of Death,* First (Primary,) Old age

Second (Immediate,) Inflammation of the Bladd

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* June 20th 1881 J. E. Lindsay M. D.

Medical Attendant.

*Undertaker,* Ash & Hemsley *Address* 23 Read St

*Place of Business,* 116 Orchard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...e Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ... in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificat... ...g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92462 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 19 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena V Buehner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 30 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 82 Centre Market

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 8 days D.

All the above information should be furnished by the Physician.

*Place of Burial,* Odd Fellows Cemetery Phila. Road

*Date of Burial,* June 20 1886

*Undertaker,* C. Oldfield

*Place of Business,* 45 E. Pratt St

A R Arnold M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92463 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nordt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 17 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 333 Canton

*Cause of Death,* First (Primary), .....

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 19 86

*Undertaker,* J J Locke

*Place of Business,* 73 Jefferson st

D. Hyde M. D.
Medical Attendant.

*Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 12461 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jacob Weigel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* Four (4) *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dallas City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 15 Point Lane

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Catchestasis

*Duration of Last Sickness,* Two (2) days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mathews Cemetery

*Date of Burial,* June 21st 86 C. O. Stover M. D.

Medical Attendant.

*Undertaker,* A. Fink & Son

*Place of Business,* 1161 N. Gay *Address,* 15 Point Lane

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92465 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 26th June 1876

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Webster

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. V

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 64 Council

*Cause of Death,* First (Primary), Jaundice

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bolto Cemetery

*Date of Burial,* Monday June 26th

*Undertaker,* Joseph Black

*Place of Business,* 707 W Balto St *Address,* 101 Bank

J H Webster M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9246 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Daily

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not roquired in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 405 E Monument

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,* 15 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* June 10/86

*Undertaker,* Henry W. Innis

*Place of Business,* 108 N Central Ave

Geo Blum M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92467 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kamfos

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 86 E Pratt St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), .....

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 21st 1886

James E. Inmiss M. D.
Medical Attendant.

*Undertaker,* Peter Frey

*Place of Business,* 91 Eden St Address, 92 E Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92468 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1888 Jun 20. 88.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Becky Dritz. Becky Dritz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female F.

*Age,* 2 *Years,* 6 *Months,* 2 *Days.* 2 M. 4 D.

*Color,* White W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City. Balto

*Duration of Residence in the City of Baltimore,* Life Life

*Place of Death,* {Give Street and Number.} Nursery & Child's Hospital. N.C.H.

*Cause of Death,* First (Primary), Pseudo membr. Croup.

Second (Immediate), 3

*Duration of Last Sickness,* 4 Days 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Souden Park

*Date of Burial,* June 20

*Undertaker,* C D Blizard

*Place of Business,* 201 Penn *Address,*

Medical Attendant. *M. D.*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92469

## *Office of Registrar of Vital Statistics.*

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

74

*Date of Death,* June 14, 1886 - Jun 9. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Davis Lee Dun

*Sex, Male or Female,* {Cross out the word not required in this line.} Female 7

*Age,* 2 Years, 4 Months, 2.4.4 Days.

*Color,* White W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single S.

*Occupation,* Baby Asylum B. V. A.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Nursery Lying In Hospital Lib

*Duration of Residence in the City of Baltimore,* Life U. S. A.

*Place of Death,* {Give Street and Number.} Nursery Lying In Hospital

*Cause of Death,* First (Primary), Croup. Pseudomembranous

Second (Immediate), Exhaustion from pain

*Duration of Last Sickness,* 5 Days 5 D.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 20

*Undertaker,* C. H. Blizard C. T. Bra

*Place of Business,* 201 Penn Ave *Address,* C. T. Bra

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause l date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92470 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Mangold

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 120 Maryland ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery.

*Date of Burial,* June 20.

*Undertaker,* B Hartle.

*Place of Business,* 82 West St

D A Cotton M. D.
Medical Attendant.

*Address,* 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92471 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Geesmen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 200 Fort Ave.

*Cause of death,* First, (Primary,) Consumption & Asthma

Second, (Immediate,) Expantion

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill.

*Date of Burial,* June 20.

*Undertaker,* R Harle.

*Place of Business,* 82 West Pr

C. D. Smith M. D.,
Medical Attendant.

*Address,* 568 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 92472. *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schlichthorst

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Butcher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Ten years

*Place of Death,* {Give street and Number.} Frederick Avenue # 70

*Cause of Death,* First (Primary),

Second (Immediate), Disease of the heart

*Duration of Last Sickness,* Death sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem.

*Date of Burial,* June 22nd 1886

*Undertaker* J. A. & P. Poulson

*Place of Business,* 66 Fred. Ave. *Address,*

L. L. Sparrow *M. D.*

~~Medical Attendant.~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92473. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Sams.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Years, 3 Months, — Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. C

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 27 Bruce St

*Cause of Death,* First (Primary), Cerebral Infantum.

Second (Immediate),

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery,

*Date of Burial,* June 19 1886

*Undertaker,* William Berger

*Place of Business,* 62 East st

Truman F Hill M. D.
Medical Attendant.

*Address,* 12 N. Eutaw st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. 6

Permit No. 92474 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1886 BALTIMORE

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 19, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Augusta Slacum

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 1 *Days*

*Color,* [redacted] Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 2 N^th^ Wolf St

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Apnoea

*Duration of Last Sickness,* About a week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* June 20^th^ 1886

*Undertaker,* Wm. P. Dunges

*Place of Business,* 62 East St

J. B. Schwatka M. D.
Medical Attendant.

*Address* Cor Bway & Barnes

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore. 13 4

Permit No. 92475 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 20 BALTIMORE

*Date of Death,* June 18th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna Butler

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 47 Martin St.

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Pyemia

*Duration of Last Sickness,* 6 Years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 20th /86

*Undertaker,* W. Cadogan

*Place of Business,* 227 Mulberry *Address,* 400 W Lombard

J. P. Brown M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92476 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 20 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Gover

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 83. *Years,* — *Months,* — *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} A. A. County

*Duration of Residence in the City of Baltimore,* 1 Month

*Place of Death,* {Give Street and Number.} 7½ S. Linden Ave.

*Cause of Death,* First (Primary), —

Second (Immediate), Consumption

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 20=1886

*Undertaker,* William Duque

*Place of Business,* 62 East St

James A. Steuart M. D.
Medical Attendant
Com'r of Health & Registrar
*Address,*

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Timanus Inspector

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92477 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Winekamm

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 168 N. Wolfe St.

*Cause of Death,* First (Primary), Cholera Infantum & Meningitis

Second (Immediate),

*Duration of Last Sickness,* 60 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemetery

*Date of Burial,* June 22 1886

*Undertaker,* Henry Roth

*Place of Business,* 304 N Central Ave *Address,* 285 N. Eden St.

Edwin B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92478 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 20. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Sneff

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 12 *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 345 N Durham St.

*Cause of Death,* First (Primary), Broncho-pneumonia,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 21 1886

*Undertaker,* Henry Hoerle

*Place of Business,* 304 W Lexington Address, 133 N Eutaw St

F. W. Chambers M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92479 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. P. Bagwell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 6 *Months,* *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} D. Co.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 34 & Eden

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* Six (6) days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's Cem. County

*Date of Burial,* June 20. 1886

*Undertaker,* John Tate

*Place of Business,* 201 Balt. St

Lin L Mitchell M. D.
Medical Attendant.

*Address,* 401 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92480 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Jebrett

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 4 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C

*Duration of Residence in the City of Baltimore,* about one month

*Place of Death,* {Give Street and Number.} N.W. Cor Washington & Chase sts

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Enteritis (Infantum) & Exhaustion

*Duration of Last Sickness,* about two months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* June 21th 1886

*Undertaker,* George Bandel

*Place of Business,* 16 Hanover and *Address,* 224 N. Howard

Jno. J. Simms M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7 [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92481 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Helmus

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 8 Mo.

*Place of Death,* {Give Street and Number.} 108 Melcome ave

*Cause of Death,* First (Primary),

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 21 1886

*Undertaker,* A W Chase

*Place of Business,* 198 Howard st

R. C. Lee M. D.
Medical Attendant.

*Address,* Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92482 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Dadds.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days*

*Color,* White.

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 38 years.

*Place of Death,* {Give Street and Number.} 118 William St.

*Cause of Death,* First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

*Duration of Last Sickness,* Two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto county

*Date of Burial,* June 22 1886

*Undertaker,* Cunningham

*Place of Business,* 263 Light

R. J. H. Tall, M. D.
Medical Attendant.

*Address,* 152 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92483 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 20 '86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Malin

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Penn.

*Duration of Residence in the City of Baltimore,* 4 Years.

*Place of Death,* {Give Street and Number.} 179 Valley St.

*Cause of Death,* First (Primary), Purpura Hemorrhagica

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Glen Riddle Pa

*Date of Burial,* June 22nd 86

*Undertaker,* John J Andrews

*Place of Business,* No 406 Druid Hill Ave

J. H. Robinson M. D.
Medical Attendant.

*Address,* 75 h Bennit Ave,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92484 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Smithson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* 1 *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 17 years.

*Place of Death,* {Give Street and Number.} 598 W. Lombard "

*Cause of Death,* First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

*Duration of Last Sickness,* about 12 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester Co

*Date of Burial,* Jun 21st

*Undertaker,* Armstrong & Sons

*Place of Business,* 263 Light

R. J. H. Tull M. D.
Medical Attendant.

*Address,* 152 Shaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Transit given at time

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 92485 *Office of Registrar of Vital Statistics.* Ward 12 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

03

## CERTIFICATE OF DEATH.

*Date of Death,* June 19 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marietta Winston

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* One *Years,* 3 *Months,* *Days,*

*Color,* Colored

*~~Married, Single,~~ Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State in country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life long

*Place of Death,* { Give street and Number. } 14 Linsior St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial.* June 21-1886

*Undertaker,* W W Madden

*Place of Business,* 46 East St

Edwd S, Mans M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 92 / 186 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

# CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry William

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days,*

*Color,* African

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Corner Lombard St & Hollins alley

Residence Boyd St No 30

*Cause of Death,* First (Primary), Run over by City Passenger Car

Second (Immediate), causing dislocation of Cervical Vertebra

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 21 / 86

*Undertaker* M M Madden

*Place of Business,* 46 East Pr *Address,*

L. G. Spencer M. D.
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92487 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ardean Hixson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 101 N Shirley St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One Day —

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury & Bonn

*Date of Burial,* June 22 1886

*Undertaker,* J. L. Lotts

*Place of Business,* 473 Jefferson St

H. L. Russell M. D.
Medical Attendant.

*Address,* 238 N Broadway

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 24488 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Arbuckle

*Sex, Male or Female,* {Cross out the werd not required in this line.}

*Age,* 7 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Schoolgirl

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 33 Clarkson St

*Cause of Death,* First (Primary), Acute Nephritis

Second (Immediate), Uraemia

*Duration of Last Sickness,* 12 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 22

*Undertaker,* B. Hart

*Place of Business,* 62 West St

*Address,*

*M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92489 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry E. Hodle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 22 Hamburg St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western C

*Date of Burial,* June 22

*Undertaker,* B. Healy

*Place of Business,* 82 West St

H B Noble M. D.
Medical Attendant.

*Address,* 80 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92490 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 10 A.M. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Wayne

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 72 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Rigger

*Birth Place,* {State of country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 795 Hull

*Cause of Death,* First (Primary), Chronic Inflamation of

Second (Immediate), his bladder

*Duration of Last Sickness,* Some 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* June 21 86

*Undertaker,* M. A. Sauer

*Place of Business,* 74 S Howard St

James E Donnelly M. D.
Medical Attendant.

Address, 799 E Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9249 / *Office of Registrar of Vital Statistics.* Ward 15"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meanie Johns

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* Coloured

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} East.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 220 Hanover St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Shanks St Cemetery

*Date of Burial,* June 21 1850

*Undertaker,* H. Ross

*Place of Business,* 95 Courtland *Address,* 175 Dover Nidan

R. M. Hall M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 92492 *Office of Registrar of Vital Statistics.* Ward 11"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* 21st June 86

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Maria Isabel Sterling

*Sex, Male or Female.* {Cross out the word not required in this line.} female

*Age,* 37 *Years,* — *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation* No.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} West River Md

*Duration of Residence in the City of Baltimore,* 31 yrs.

*Place of Death.* {Give street and Number.} 227 N. Howard

*Cause of Death.* First (Primary), Softening of Brain

Second (Immediate),

*Duration of Last Sickness,* 2 Too much City

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* June 22/86

*Undertaker* Chas. J. Schwing

*Place of Business,* 27 N. Eutaw *Address,*

F. Brantly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 92493

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92493 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 20 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shriefer

*Sex, Male or Female,* {Cross out the word not required in this line.} Fem

*Age,* — *Years,* 3 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 276 East Pratt St

*Cause of Death,* First (Primary), ....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Fellows Ch

*Date of Burial,* May 21

*Undertaker,* W Dixon

*Place of Business,* 151 E Balto

Jos Hermann M. D.
Medical Attendant.

*Address,* Balto & Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92494 *Office of Registrar of Vital Statistics.* **Ward** 1st 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie E Henry

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* {Give Street and Number.} 207 Gough st

*Cause of Death,* First (Primary), Cold

Second (Immediate), Bronchial Pneumonia

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 22

*Undertaker,* H Dietel

*Place of Business,* 157 E Bond

J E Gooch M.D.
Medical Attendant.

*Address,* Aisquith & Eager

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92495 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

03

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary [illegible] Matz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 24 Bunny St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas's Cem

*Date of Burial,* June 27 86

E. Jordan M. D.
Medical Attendant.

*Undertaker,* G. Franc[illegible]

*Place of Business,* Bank & Wolfe St. *Address,* 33 Second St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 92496

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92496 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Hennessy

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* — *Months,* — *Days* 1

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculous Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* June 19 '86

*Undertaker,* [illegible]

*Place of Business,* [illegible]

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7247

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92497 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Rinker

*Sex, Male* ~~or Female~~; {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... ~~*Months*~~, 3. hours ~~*Days*~~,

*Color,* White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 95 Garrett. ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 24th 1886

*Undertaker,* B. Hale

*Place of Business,* West St *Address,* Crum & Co

Wm A Glenn M. D.

~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John Mc. De Goey Inspector

week.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92498 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schleifer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 7 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 141 S. Broadway

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Marasmus

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* June 21st 1892

*Undertaker,* Fred Gaede

*Place of Business,* 298 S. Caroline *Address,*

J. W. Storm M. D.
Medical Attendant.

Address, 1 Fayette Line

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 42479

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92499 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 21 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Grolski

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 1/2 *Months,* 0 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U S since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 5 Centre Mkt. Space

*Cause of Death,* First (Primary), Entiro Colitis

Second (Immediate), Meningitis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Sholem

*Date of Burial,* June 22/86

*Undertaker,* Evans & Spence

*Place of Business,* E. Balto St. *Address,* 1 So. Eutaw St.

F. H. Moyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 92500

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate**

# Health Department, City of Baltimore.

Permit No. 92500 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Queen

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give Street and Number.} 38 King St.

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Hope St Cemetery

*Date of Burial,* June 22 1886

*Undertaker,* H. Ross

*Place of Business,* 95 E Con Mo St *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 22501 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Foatley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} Rust. Little Sisters Poor

*Cause of Death,* First (Primary),

Second (Immediate), Heart disease

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cimetery

*Date of Date of Burial,* June 22

*Undertaker,* Mr Bloedcamp

*Place of Business,*

Jno. Burke Boyle M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. 92502

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92502 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Teresa ~~Fisher~~ Fischer

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months,* ——— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 110 Townsend St.

*Cause of Death,* First (Primary), Teething

Second (Immediate), Congestion of the brain

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* Green mount Cemetery

*Date of Burial,* June 22, 1886

*Undertaker,* M. A. Dayer

*Place of Business,* 74 S. Bway.

Milton N. Taylor M. D.
Medical Attendant.

*Address,* 138 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. 9250 3

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9250 3 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. F. Lee Ashworth

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Mount Vernon Alabama

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give Street and Number.} 214 S. Durham St.

*Cause of Death,* First (Primary), Bronchial Catarrh

Second (Immediate), .....

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cem'y

*Date of Burial,* June 22nd 1886

*Undertaker,* Fred'a Kirchner

*Place of Business,* Health Office *Address,* Com. of Health & Registrar

James A Steuart M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 92504

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92504 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Geise

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 8 *Months,* 14 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ~~

*Occupation,* ~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 1510 Caroline st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 1 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem.

*Date of Burial,* June 22 1886

*Undertaker,* H. Saudenbore.

*Place of Business,* 252 Caroline *Address,* 2 N Bunting

R. W. Cattell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7 004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 92575 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Conrad Reily

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 20 E Oak Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Week

the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical Cem.

*Date of Burial,* June 21st 1892

*Undertaker* H. Sands & Son

*Place of Business,* 252 Eastern Ave *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92506 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT JUN 21 1886

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lobbia Sumwalt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 6 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} Cor. Eden St and Eden Court near Fayette st

*Cause of Death,* First (Primary), Measles

Second (Immediate), Tubercular Meningitis

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* A. A. Co. Md

*Date of Burial,* June 22/86

*Undertaker,* Fred Gaede

*Place of Business,* *Address,* 125 Eden

L. Duhamel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7507

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9507 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth V. Pumphrey.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* , 5 *Months,* 19 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 165 Lee St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum.

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem.

*Date of Burial,* June 22nd 86

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S Eutaw *Address,* 152 Sharp St.

R. J. McTall, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92508 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stella Donnelly.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 52 Clark St.

*Cause of Death,* First (Primary), Scarlatina Acute

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 22 1886

*Undertaker,* Matthew Enderfeld

*Place of Business,* 227 Mulberry St

H Keller M. D.
Medical Attendant.

*Address,* 188 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the ...

# Board of Health, City of Baltimore.

Permit No. 92507 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BRAUN BROS. LITH. BALTIMORE, MD.

# CERTIFICATE OF DEATH.

C

*Date of Death,* Sunday June 20th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis L. Hodgins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* 7 *Days,*

*Color,* Child

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 46 Davis St

*Cause of Death,* First (Primary). Pneumonia

Second (Immediate).

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* June 22 1886

*Undertaker* William N Dunger

*Place of Business,* 62 East St

E Hendrew M. D.
Medical Attendant.

*Address,* Pascal & Mulberry Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

No. 11510

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 22570 *Office of Registrar of Vital Statistics.* Ward 19-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Ernest~~ Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* *Months,* *Days* 1

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~———~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ~~———~~

*Place of Death,* {Give Street and Number.} 1110 10 Bond st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw St Cemetery

*Date of Burial,* June 22 1886

*Undertaker,* William N Dunigan

*Place of Business,* 62 East St

L. W. G. England M. D.
Medical Attendant.

*Address,* 314 Lonvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92371 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21. 9 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine R. Hicks

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baer City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 483 Park St

*Cause of Death,* First (Primary), Laryngeal Diphtheria —

Second (Immediate), Apnea — & Heart failure

*Duration of Last Sickness,* about 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 22nd 1883

*Undertaker,* H. W. JENKINS & SONS

*Place of Business,* UNDERTAKERS Park & Saratoga Sts.

J. K. Page M. D.
Medical Attendant.

*Address,* 22 Linden ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore.

**Permit No.** 92512 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

34

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Stewart

~~*Sex, Male*~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* or ~~*Widower*~~, {Cross out the word not required in this line.} ✓

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland-

*Duration of Residence in the City of Baltimore,* Thirty eight years

*Place of Death,* {Give street and Number.} Home for aged M.E. Church corner of Franklin and Fulton St.

*Cause of Death.* First (Primary), [redacted] Diarrhea of Pylorus Cause of Stomach

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Five months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 23rd 1886

*Undertaker* J. S. Macher

*Place of Business,* 150 Camden St *Address,* 56 N. Liberty St

W. H. Story M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ....

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92513 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

H

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother Mary Daley (Father)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 1 3/4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maternite Hospl.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Maternite Hospl.

*Cause of Death,* First (Primary), .....

Second (Immediate), Capillary Bronchitis.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 22nd a.

*Undertaker,* C. N. Troll

*Place of Business,* 131 Hanover

H. H. Pritchett M. D.
Medical Attendant.

*Address,* Maternite Hospl

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92514 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* June 20 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nic. Stroehlein

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.} (Nicholas Stroehlein)

*Age,* 53 *Years,* 11 *Months,* 7 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Cooper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 26 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 125 Mulberry St

*Cause of Death,* First (Primary), Phthisis tuberculosa pulmonalis

Second (Immediate), Marasmus

*Duration of Last Sickness,* About one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 22d 1886

*Undertaker,* Fred Gaede

*Place of Business,* 298 Caroline *Address,* 245 S. Baltimore

[signature] M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

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*Permit No.* 92515

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

a

# CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John Frederick Hamfield

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } Single

*Occupation,* Cigar Manufacturer

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Louisiana

*Duration of Residence in the City of Baltimore,* about 13 years

*Place of Death,* { Give street and number. } 212 23 Granby St.

*Cause of Death,* { First (Primary,) / Second (Immediate,) } Consumption

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* June 22d 1886

Chas. A. Cummings M. D.
Medical Attendant

*Undertaker,* Smith & Funk

*Place of Business,* 22 35 Park Av

*Address* 212 130 E Pratt
Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 92516 *Office of Registrar of Vital Statistics.* Ward 1 of 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph P. Woodall

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* 7 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} # 503 W. Lombard St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cy

*Date of Burial,* June 23d

*Undertaker,* G. B. Cook

*Place of Business,* 707 W. Balto. *Address,* #244 Madison ave.

Edw. S. Coulyn M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92517 *Office of Registrar of Vital Statistics,* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Baltimore June 21st 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lillie Ludorth.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 21. 9 *Years,* 4 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* always.

*Place of Death,* {Give Street and Number.} 314 Franklin St

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate),

*Duration of Last Sickness,* about one year.

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park Cemetery

*Date of Burial,* June 23rd 1886

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna avenue *Address,* 226 Hall St.

Eric C. Korn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7511

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92518 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles S. Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* one *Months,* — *Days*

*Color,* whl

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 260 N. Eutaw

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 22nd 1886

*Undertaker,* L. Wiegand

*Place of Business,* 166 Druid Hill Ave *Address,* 219 Madison ave

G Lane Tanyhill *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92519 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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HEALTH DEPARTMENT, BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachael Bestaitzky

~~Sex~~, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

*Age,* 45 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Pedlar

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Russia

*Duration of Residence in the City of Baltimore,* Four Years

*Place of Death,* { Give street and Number. } ~~Pneumonia~~ Hebrew Hospital

*Cause of Death,* First, (Primary.) ~~Exhaustion~~ Pneumonia

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial* Heb. Shalom Cemetery

*Date of Burial,* June 23rd 1886.

*Undertaker,* Graves & Spencer

*Place of Business,* 66 & 68 Lloyd St.

F. O. Chambers M. D.,
Medical Attendant.

*Address,* 133 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 12520 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1886 BALTIMORE MD.

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## CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Turner

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Nurse

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 8 mos

*Place of Death,* {Give Street and Number.} D. Hopkins Hosp

*Cause of Death,* First (Primary), Aortic Stenosis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Emmitsburg Md.

*Date of Burial,* June 23d 1886

*Undertaker,* H. Lewis Schaefer

*Place of Business,* 109 N. Fremont *Address,* 188 N. Calvert St

Oscar I. Coston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[over.]

# Health Department, City of Baltimore.

Permit No. 72521 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS JUN 22 1886 BALTIMORE MD.

H

## CERTIFICATE OF DEATH.

*Date of Death,* 6/19/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Powell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 25 *Years,* ——— *Months,* ——— *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

*Duration of Last Sickness,* Several Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Public Grnd

*Date of Burial,* June 22d 1886

*Undertaker,* Geo Rinehart

*Place of Business,* Health Office

A Friedenwald M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cert**

# Health Department, City of Baltimore.

Permit No. 92522 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June, 21st 1886, 6 hr. Am.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J. Infant of Bernard & Annie Hyper

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 9 *Months,* 14 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} Infant

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 5 E Fayette St

*Cause of Death,* First (Primary), Un Ind- Known

Second (Immediate), Hydrocephalus

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Russian Cemetery

*Date of Burial,* June 22

*Undertaker,* Jacob Thrun & Wm Shertzer

*Place of Business,* 28 High *Address,* 88 E Baltd St

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore.

**Permit No.** 92523 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Hornstein

*Sex,* Male ~~or Female.~~ { Cross out the word not required in this line. }

*Age,* — *Years,* 9. *Months,* 18 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 102 Boston Str.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Three weeks

the above information should be furnished by the Physician.

*Place of Burial,* Burial Association

*Date of Burial,* June 22

*Undertaker* L. Threns

*Place of Business,* 25 Light

A. V. Gouvieler M. D.
Medical Attendant.

*Address,* 76 S. Amm Str.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this C...

# Board of Health, City of Baltimore,

12 B

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92524

HEALTH DEPARTMENT, JUN 22 1886, BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Letitia M. Mason.

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 4 *Years,* 8 *Months,* *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 213 Druid Hill Av.

*Cause of Death,* First (Primary,) Measles

Second (Immediate,) Diphtheria

*Duration of Last Sickness,* about 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 22

*Undertaker,* C. H. Blizzard

*Place of Business,* 218 Penn ave

John M. White M.D.
Medical Attendant.

*Address,* 347 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 9525 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Alan Ward

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 36 E. Chase St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 22d

Jno. Brooke Boyle M. D.
Medical Attendant.

*Undertaker,* H. C. Windefeld

*Place of Business,* 100 Greenmt Ave *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92526 *Office of Registrar of Vital Statistics.* Ward 2 4

HEALTH DEPARTMENT JUN 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wissussek

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give Street and Number.} 207 Canton Av.

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cem.

*Date of Burial,* June 22

*Undertaker,* A. Diffel

*Place of Business,* 151 E. Balt.

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92527 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT JUN 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Julia A. Doherty

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 88 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 203 E. Avenue

*Cause of Death,* First (Primary), Old age

Second (Immediate), Fractured hip

*Duration of Last Sickness,* Five Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's

*Date of Burial,* 22d June

*Undertaker,* M. Dibert

*Place of Business,* 23 E. Baltimore

James E. Driscoll M. D.
Medical Attendant.

*Address,* 99 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...**

# Health Department, City of Baltimore.

Permit No. 9528 *Office of Registrar of Vital Statistics* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 112 Hughes st

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* June 22nd 1886

*Undertaker,* C. T. Krauser Son

*Place of Business,* 207 & 209 Hanover *Address,* 50 Warren av

H. B. Noble M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this [illegible]**

# Health Department, City of Baltimore.

**Permit No.** 92529 *Office of Registrar of Vital Statistics.* **Ward** 8th

HEALTH DEPARTMENT
JUN 23 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} No name (Father's name D. C. Heller)

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 2 *Days.* x 1 hr.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* As above

*Place of Death,* {Give Street and Number.} 470 N. Edw st.

*Cause of Death,* First (Primary), Premature birth (7½ months)

Second (Immediate), —

*Duration of Last Sickness,* 2 days + 1 hour

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* June 23 1886. Geo A. Nartman M. D.

*Undertaker,* John Kenney. Medical Attendant.

*Place of Business,* 352 Oldcorn St *Address,* 305 N. Carolina st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 92530 *Office of Registrar of Vital Statistics* Ward 6

HEALTH DEPARTMENT JUN 23 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Blackiston

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ~~11~~ 6 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 43 N. Chapel

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about one month

All the above information should be furnished by the Physician.

*Place of Burial,* Lowerl cem

*Date of Burial,* June 23 th

*Undertaker,* W. Bottomley

*Place of Business,* 233 E. Lombard *Address,* 375 E. Balto. St.

C. T. Burns M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 92,531 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT JUN 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 21st June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clementine Bauersfeld

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~~~

*Occupation,* ~~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} Canton Avenue 406

*Cause of Death,* First (Primary), Pleuro, Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* June 23rd 1886

*Undertaker,* H. Sandt & Son

*Place of Business,* 252 Canton Ave.

William Henkel M. D.
Medical Attendant.

Address, S. Wolfert & 117.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92532 *Office of Registrar of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT JUN 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 20 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Grain

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Machine Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 155 E Washington St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Pulmonary Haemorrhage

*Duration of Last Sickness,* 21 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* June 24th 86

*Undertaker,* J. G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 1 E Baltimore St

Louis E Dennis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 92533 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Howard Bell

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 4 *Years,* 4 *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 613 North Avenue

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetary

*Date of Burial,* June 23 1886

*Undertaker,* Denny and Mitchell

*Place of Business,* 550 W. Fayette St

A. P. Bell M. D.
Medical Attendant.

*Address,* 234 Madison Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

# Health Department, City of Baltimore.

Permit No. 92534 *Office of Registrar of Vital Statistics.* Ward 3 C/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A Worthington

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* White.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give Street and Number.} No 215 E. Fayette,

*Cause of Death,* First (Primary), Exposure &c

Second (Immediate), Inflamation of Bowells

*Duration of Last Sickness,* I do not Know (First visit a few hours before death)

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* June 23 1886

*Undertaker,* John Jake

*Place of Business,* 20 1/2 Balto St. *Address,* 121 E Balto.

L. Ridgway Reed M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore,

Permit No. 92535 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, and should be prepared, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne Zinkand

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 25 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } V

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } N. Green St No. 4

*Cause of Death,* First (Primary), Haemorhage

Second (Immediate),

*Duration of Last Sickness,* Death Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 24th 1886

*Undertaker* Geo. Lemmon Sr.

*Place of Business,* 38 & 40 Pratt St *Address,*

L. L. Sparrow M. D.

~~Medical Attendant~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92536 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Addeny

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} F

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.} W

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 17 Years

*Place of Death,* {Give Street and Number.} 4 Hawk St

*Cause of Death,* First (Primary), Gastritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 23d 1886

Geo B Reynolds M. D.
Medical Attendant.

*Undertaker,* Hor P Byrne

*Place of Business,* 63 Fremont *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.**

# Health Department, City of Baltimore.

Permit No. 42537 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo A Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~ Years, five Months, ~~ Days.

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 4 Hanover Street

*Cause of Death,* First (Primary), Mal Nutrition

Second (Immediate), Exhaustion

*Duration of Last Sickness,* for Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 23rd 1886

*Undertaker,* Wm H. Danger

*Place of Business,* 62 East Street

James H Lemmon M. D.
~~Medical Attendant~~

Address, City

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

Henry C Seward Sanitary Insp

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 92538 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur P Krutt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 318 E Baltimore st

*Cause of Death,* First (Primary), Acute Inflammation of Intestines

Second (Immediate),

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 24th 1886

*Undertaker,* Wm. Sander & Son

*Place of Business,* 252 Canton Av *Address,* 2 W Baltimore

R W Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 92539 *Office of Registrar of Vital Statistics.* Ward 15 — 11 — 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single ~~or Widower~~

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 186 Cross St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lauelton P.K.C.

*Date of Burial,* June 23

*Undertaker,* J Hayle

*Place of Business,* 82 West St

by Thomas Cotta M. D.
Medical Attendant.

Address, 186 Cross St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 92540 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certification.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Glenn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Printer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No. 38 Pitcher St.

*Cause of Death,* First (Primary), Tubercular Phthisis

Second (Immediate),

*Duration of Last Sickness,* Eight months

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster Grave yard

*Date of Burial,* June 24 / 86

*Undertaker,* M. Faber

*Place of Business,* Fourth (54) *Address,* No. 5 ... St.

John Morris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92571 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Griffin

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months.* 3 *Days*

*Color,* Black

*Married, Single, ~~Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~22 Boulden Alley~~ Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 22 Boulden alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 18 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* June 24 1886

*Undertaker,* Alex. Hemsley

*Place of Business,* 116 Orchard St *Address,* 92 Mosher St

C. Fawcett *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

# Health Department, City of Baltimore.

Ward 10

**Permit No.** 9257½ *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21 St

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Watkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 32 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} aa. Co. Md

*Duration of Residence in the City of Baltimore,* 12 yrs.

*Place of Death,* {Give Street and Number.} 4 Penn alley

*Cause of Death,* First (Primary), Confinement

Second (Immediate), Post partum hemorrhage

*Duration of Last Sickness,* a few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Shanfo at Cemetery

*Date of Burial,* June 23 1886

*Undertaker,* Hey Hensley

*Place of Business,* 1160 Orchard St *Address,* 23 Edmondson Ave

W. F. Hill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 92543 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 23/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hook

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 2 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Cancrum Oris.

Second (Immediate), Septicemia.

*Duration of Last Sickness,* 3 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* June 24th 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* Harlem Av. & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 92574 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 23/86,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella H

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* —— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* June 24th 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St

R. Her Goldsmith M. D.
Medical Attendant.

*Address,* Hanover & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Health Department, City of Baltimore.

Permit No. 92545 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Wednesday June 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Arasse

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 10 Months, 1 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* N

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 129 Chesapeake St

*Cause of Death,* First (Primary), Dentation

Second (Immediate), Convulsion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemtry.

*Date of Burial,* June 25th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann

E. Pinchard M. D.
Medical Attendant.

*Address,* 280 Donnell Pl

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92546 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Potter

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} B

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 150 D Wash'n St

*Cause of Death,* First (Primary), Acute Meningitis

Second (Immediate), .....

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* June 24th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann, Address, 50 D Broadway

R W Hamilton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92547 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or spouse, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Lewis C

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 5 Months, 22 Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No Stockholm St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mar[illegible] Cemetery

*Date of Burial,* June 23rd 1886

*Undertaker,* Benj[illegible] Wm Ware

*Place of Business,* 198 S. Howard St *Address,* 177 Stockholm St

C. L. Booze M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore, 12

Permit No. 92548

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Sugard.

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* 28 *Years,* 7 *Months,* ——— *Days.*

*Color,* Brown.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Driver —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto County.

*Duration of Residence in the City of Baltimore,* about 26 years

*Place of Death,* {Give street and number.} 133 Etting St.

*Cause of Death,* {First (Primary,) ——— Second (Immediate,)} Nervous Exhaustion, About 4 days.

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* June 24 1886

{*Undertaker,* Margaret Pfeltz
*Place of Business,* Fell & Caulbay}

Edward M. Post M. D.
Medical Attendant.

*Address* 199 N. Howard St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92549 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Maxwell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} Home 2 Exeter

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Most Holy Redeemer Cem

*Date of Burial,* June 23

*Undertaker,* W. White

*Place of Business,* 151 N Bond

W H Hale M. D.
Medical Attendant.

*Address,* 2 Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92537 *Office of Registrar of Vital Statistics.* Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Morgan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Milk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 118 Chestnut

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 7 days (about)

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* June 22 1886

*Undertaker,* William M Dugan

*Place of Business,* ..... *Address,* 1113 W Baltimore

D. Arnett *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92557 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Emma V Yost

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 49 Nanticoke St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Ballo Cemetery

*Date of Burial,* June 24th/86

*Undertaker,* Joseph B. Coot

*Place of Business,* 707 W. Balto St *Address,* 65 Columbia ave

Geo R Graham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9252 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Dickerson

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.} D

*Age,* 68 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Bookkeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 44 South Street

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate), Paralysis of Cardiac Ganglion

*Duration of Last Sickness,* Had Heart trouble for several years - Patient died suddenly at Office

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 24th 1886.

*Undertaker,* H. W. JENKINS & SONS UNDERTAKERS Park & Saratoga Sts.

*Place of Business,*

Nathan R. Gorter M. D.
Medical Attendant.

*Address,* 45 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 42533

## *Office of Registrar of Vital Statistics.*

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* June 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Ewell

~~Sex,~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* 13 *Days.*

*Color,* White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 508 Roberts St.

*Cause of Death,* First (Primary), Cerebro Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 15 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cemetery

*Date of Burial,* June 24th 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 36 Park ave

Thomas Shearer M. D.
Medical Attendant.

*Address,* 497 S. Chas St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9 2 5 5 4 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter C. Vail A

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 16 J Arlington Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Hill Harford Co. Md.

*Date of Burial,* June 24th 1886

*Undertaker,* Wm Weaver

*Place of Business,* 202 N Eutaw St *Address,* 127 Arlington

J Harvey Hill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Trans 4241

# Health Department, City of Baltimore.

Permit No. 92535 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 22. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Ann Hounel

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 57 Hillen St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), "

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 24th

*Undertaker,* Wm. C. Schaffer

*Place of Business,* 5. S. Front St

P. O. Browne M. D.
Medical Attendant.

*Address,* 307 Madison Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 42556 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 21 — "86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. L. Reid

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* — *Months,* — *Days*

*Color,* Wht.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md. —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. 36 E. Balto. St. —

*Cause of Death,* First (Primary), Frac. Skull from being run over by

Second (Immediate), Cerebral Meningitis + abscess fr buggy.

*Duration of Last Sickness,* 10 days. —

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* June 24 th 1886.

*Undertaker,* John Hennecy. Alexander Hill, M. D.

Medical Attendant.

*Place of Business,* 382. Colvans Address, Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9257 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Petzold

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* —— *Months,* —— *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Pipe fitter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 215 Orleans St

*Cause of Death,* First (Primary), frequent colds

Second (Immediate), Congestion of the lungs

*Duration of Last Sickness,* about two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 25 1886

*Undertaker,* John Hennig Milton N Taylor M. D.
Medical Attendant.

*Place of Business,* 382 Orleans St *Address,* 138 N Broadway.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92538 *Office of Registrar of Vital Statistics.* Ward. 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 23rd June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Lloyd

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give Street and Number.} 157 N Strickers st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 25th 1886

*Undertaker,* J. A. Wynne

*Place of Business,* 5 N Liberty *Address,* 161 Baker

D. W. Webster M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4242 Garrett

# Board of Health, City of Baltimore,

Permit No. 92339 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 24 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Oneal Spence

*Sex, Male or Female,* {Cross out the word not required in this line.} ———

*Age,* 4 *Years,* 4 *Months,* ——— *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No 16 Rockett Balto.

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} No 105 Harmony Lane

*Cause of death,* First, (Primary,) Pertussis

Second, (Immediate,) Congestion of Brain & Lungs

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cemetry

*Date of Burial,* June 25 1886

*Undertaker,* William N Dugee

*Place of Business,* 62 East st

James S Fulks M. D.,
Medical Attendant.

*Address,* No 134 Pearlst

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92560 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. Pritchard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 50 years.

*Place of Death,* {Give Street and Number.} # 254 E. Pratt St.

*Cause of Death,* First (Primary), Congestion of Brain

Second (Immediate), Paralysis

*Duration of Last Sickness,* Twelve days

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Cem. Phila. Road

*Date of Burial,* June 24th 86 | John H. Relberger M. D.

Medical Attendant.

*Undertaker,* G. Franc[illegible]

*Place of Business,* Bank & Wolfe Sts *Address,* 143 Alice Anne St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92561 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brehm

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2d *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt- city

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 1st 111 Eastern Ave.

*Cause of Death,* First (Primary), Spleen Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* June 25th 1886

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave *Address,* 125 Eden

L Q Adkinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians are respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92562 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. RECEIVED

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hicks

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dallas Co

*Duration of Residence in the City of Baltimore,* 7 Months

*Place of Death,* {Give Street and Number.} No. 18 Parrish alley

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Spring valley

*Date of Burial,* June 24 1886

*Undertaker,* Alex Hunsley

*Place of Business,* 116 Orchard St

J. K. Warner M. D.
Medical Attendant.

*Address,* 280 N. Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92563 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 24 1886
BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886 6 a.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Addison

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} M

*Age,* — *Years,* 9 *Months,* — *Days*

*Color,* Brown

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Parish of Cath

*Duration of Residence in the City of Baltimore,* Four Months

*Place of Death,* {Give Street and Number.} 206 Druid Hill

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Bronchitis.

*Duration of Last Sickness,* Two weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 24 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard st

Jeffrey C Kuhl M. D.
Medical Attendant.

*Address,* 324 Oak Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92364 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Corbitt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 154 Hughes

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 25, 1886

*Undertaker,* C. F. Kraus Son Chas. L. Michael M. D. Medical Attendant.

*Place of Business,* 209 Hanover *Address,* 283 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92565 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Patrick Birmingham

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 17 Harris alley

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Congestion of Lungs

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* June 24

*Undertaker,* H Lipfert

*Place of Business,* 151 E Pratt

E J Gilmary M. D.
Medical Attendant.

*Address,* 33 Eden st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE MD.

Permit No. 92566 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bennion

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Potter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* about 18 years

*Place of Death,* {Give Street and Number.} 175 S Bond

*Cause of Death,* First (Primary), Epithelial Cancer & Tongue,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* June 24

*Undertaker,* W. Schulz

*Place of Business,* 171 S Bond

Geo B Grundy *M. D.*
Medical Attendant.

*Address,* 171 N Columbus A

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE, MD.

Permit No. 92567 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

23

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McGuigg

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Glassblower

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} N. J.

*Duration of Residence in the City of Baltimore,* 5 yrs

*Place of Death,* {Give Street and Number.} 314 Slash St.

*Cause of Death,* First (Primary), Gastro-enteritis & Cerebral congestion

Second (Immediate), Superinduced by inebriety (S)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mound Bluff Cem

*Date of Burial,* June 25th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross St. *Address,* Penn & Mulberry St

R W & D Elles M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within -four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Respectfully addressed to Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92568 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Donaldson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 / *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} N. York State

*Duration of Residence in the City of Baltimore,* 11 yrs

*Place of Death,* {Give Street and Number.} 542 Fulton Ave

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* about 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 25/86

*Undertaker,* Denny & Mitchell

*Place of Business,* 330 W Fayette

C. M. Nef M. D.
Medical Attendant.

*Address,* 306 N. Gayetta St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore, 78

Permit No. 92569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* ~~June~~ June 23 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lionel Sturges.

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* 0 *Years,* 3 – *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ×

*Occupation,* ×

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No 3 Eagle st. Baltimore Md –

*Duration of Residence in the City of Baltimore,* 3 mo:

*Place of Death,* {Give street and number} No 11 Woodyear –

*Cause of Death* { First, (Primary,) Marasmus –
Second, (Immediate,) Exhausting –

*Duration of last Sickness,* Since it was born

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemy

*Date of Burial,* June 24" 1886

*Undertaker,* D Cemy & Mitchell

*Place of Business,* 550 W Fayette st

H Boyd Sylvie M. D.
Medical Attendant.

*Address,* 198 Caroline st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92570 . *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. E. Miller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 3 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cambridge, Md.

*Duration of Residence in the City of Baltimore,* 16 years.

*Place of Death,* {Give Street and Number.} 107 Cathedral St.

*Cause of Death,* First (Primary), He was a case of my Father's, & I did not

Second (Immediate), see him. ~~until~~ I presume he had some Brain trouble or spinal disease.

*Duration of Last Sickness,* a Sick about 9 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 23 1886

*Undertaker,* Abey Hemsley

*Place of Business,* 116 orchard st

Eldridge C. Price, M. D.
Medical Attendant.

Office 162 Hill. Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

See following certificate

# Health Department, City of Baltimore.

Permit No. 92570 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Miller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 3 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cambridge, Md.

*Duration of Residence in the City of Baltimore,* 16 years.

*Place of Death,* {Give Street and Number.} 107 Cathedral St.

*Cause of Death,* First (Primary), Hæmaturia Dropsy Bright's

Second (Immediate), " (Bright's Disease)

*Duration of Last Sickness,* 9 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 23rd 1886

*Undertaker,* Alex. Kennedy

*Place of Business,* 116 Orchard St *Address,* 262 Lombard St

Edwin L. Price M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9257/ *Office of Registrar of Vital Statistics.* Ward 5 — 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Phillips

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 15 — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 126 Aisquith St

*Cause of Death,* First (Primary), Gastro enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Com

*Date of Burial,* June 24 1886

*Undertaker,* Wm. H. Hickmon. Geo. B. Rymon M. D.

*Place of Business,* 234 N. Gay St. *Address,* Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 92572 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Kennedy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 18 Hearst st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 24th 1886

*Undertaker,* Armstrong Jenny

*Place of Business,* 263 Light Address, 110 Fort ave

Jos. A. Cooke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore, 18

Permit No. 92573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 23, 1886

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Davis

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 2 3 9 *Months,* ..... *Days.*

*Color,* colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 33 Foster's alley

*Cause of Death* { First, (Primary,) Cholera infantum

Second, (Immediate,) "

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Christ's St Cemetery

*Date of Burial,* June 24" 1886

*Undertaker,* Wm J Gr...

*Place of Business,* 63 ... Ave

F P Keller M. D.

Medical Attendant.

*Address,* 146 W Biddle St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

# Health Department, City of Baltimore.

Permit No. 92574 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Howard

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 73 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Easton, Maryland

*Duration of Residence in the City of Baltimore,* about 50 years

*Place of Death,* {Give Street and Number.} 26 Douglas St.

*Cause of Death,* First (Primary), Senility

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury M. Cemetery

*Date of Burial,* June 24th 1886

*Undertaker,* Saml W. Chase

*Place of Business,* 198 S. Howard St *Address,* 2 N Broadway

D W Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92575 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23d 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie P. Gohlinghorst.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* 1 *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City. —

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} N. E. Cor Warner & Cross, Sts.

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid

*Duration of Last Sickness,* 23 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laudan. Pk Cemetery

*Date of Burial,* June 25th

*Undertaker,* F. N. Zell. *Medical Attendant,* R. J. N. Tall M. D.

*Place of Business,* 131 Hanover St. *Address,* 1528 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE, MD.

Permit No. 92576 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Thomas Spencer.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Sixty Years

*Place of Death,* {Give Street and Number.} 61 N. Bond st

*Cause of Death,* First (Primary),

Second (Immediate), Old Age

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* June 26th 1886

*Undertaker,* Dimmitt & Mitchell

*Place of Business,* 65 S. Broadway

Nicholas L. Dorsett M. D.
Medical Attendant.

*Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9257 *Office of Registrar of Vital Statistics,* Ward 12

HEALTH DEPT. JUN 24 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* June 23 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary. C. Carr

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* 2 *Days.*

*Color,* col

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City - Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 116 Townsend St-

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* June 1886

*Undertaker,* Alex Hemsley

*Place of Business,* Richard St. *Address,* Eutaw & Pr

Thos A Henry M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown
Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 92578 *Office of Registrar of Vital Statistics.* Ward 16 cr

HEALTH DEPARTMENT JUN 28 1886 BALTIMORE, MD. B

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23rd / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Williams.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~~ *Years,* five *Months,* ~~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 210 Dowell Street

*Cause of Death,* First (Primary), Mal Nutrition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemitary

*Date of Burial,* June 24 / 86

*Undertaker,* Herbert Bros

*Place of Business,* Pa ave & Conway *Address,* Eng 26 Pct

Thurston Clemens M. D.

~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H C Seward S. I.

# Health Department, City of Baltimore.

Permit No. 92579 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 24 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 the / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanora Williams.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} female

*Age,* ~~~~ *Years,* Three *Months,* ~~~~ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ~~Baltimore~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 210 Dover Street

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* five Days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St cemitery

*Date of Burial,* June 24 / 86

*Undertaker,* H Expeditor Bufs

*Place of Business,* Pacific corner *Address,* Conj 67 & R

James A Steuart M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

H C Seward S. I.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92,580 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FOR RECORDS BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* June 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Wright

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 14 *Months,* ..... *Days* 7

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~———~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 480 N Washington St. City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 480. N. Washington Street.

*Cause of Death,* First (Primary), .....

Second (Immediate), Ophthemia

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Co Md

*Date of Burial,* June 24th 1886

*Undertaker,* Shadrack Streett

*Place of Business,* N. Washington St *Address,* Blair Avenue

R. F. Martinet M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92581 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BIRTH DEPARTMENT JUN 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23d 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Stapleton.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* *Months,* *Days,*

*Color,* White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State on country, and now long in the United States, if of foreign birth.} Tipperary Co Ireland.

*Duration of Residence in the City of Baltimore,* 36 yrs

*Place of Death,* {Give street and Number.} 49 President St.

*Cause of Death,* First, (Primary,) Tuberculosis.

Second, (Immediate,) Intestinal Ulceration.

*Duration of Last Sickness,* 16 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* June 25th 1886

*Undertaker,* Henry W. Meade

*Place of Business,* 22 N. Eutaw St.

J. F. Towell M. D.,
Medical Attendant.

Address, 309 St Paul St. Est.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92582 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 1. A. M. June 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt. McGreevy

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} female

*Age,* 23 *Years,* *Months,* *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} married

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give Street and Number.} 81 Thames st

*Cause of Death,* First (Primary), Scirrhus of Liver

Second (Immediate),

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 26th 86

*Undertaker,* M. Delaney

*Place of Business,* [illegible] *Address,* 325 E. Balto st

J. L. Dausch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 23 / 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Sanders

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* 6 *Days.*

*Color,* White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 129. Jefferson st

*Cause of Death,* First (Primary,) Dentition

Second (Immediate,) Convulsions

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery / L. D. Gross — *M. D.*

*Date of Burial,* June 25 86 / Medical Attendant.

*Undertaker,* Wm S. Fly *Address* 137 N Eden E

*Place of Business,* 81 W Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 92584 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kress

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 140 Hamburg St

*Cause of Death,* First (Primary), Enteric Colitis

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 25th 86

*Undertaker,* Geo Quinlan *M. D.*

Medical Attendant.

*Place of Business,* 38 Hanover *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

# Health Department, City of Baltimore.

Permit No. 92585 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT JUN 24 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 23/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Steinmark

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* 6 *Months,* ..... *Days*

*Color,* White ✓

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Brick Mason

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 30 Washington Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Dropsy (Gen'l)

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mont Olivet Cemetery

*Date of Burial,* June 25

*Undertaker,* Joshua B Cook

*Place of Business,* 707 W Baltimore

Jno. A. Blake M. D.
Medical Attendant.

*Address,* 1511 Pacific

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of...

# Health Department, City of Baltimore.

Permit No. 92586 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederyke Stefanie

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 78 *Years,* 9 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nurse

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 24 yrs

*Place of Death,* {Give Street and Number.} 20 Eutaw

*Cause of Death,* First (Primary), old age

Second (Immediate), asthenia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bal. Cemetery

*Date of Burial,* June 26th 1886

*Undertaker,* Geo Leinbach

*Place of Business,* 384 W Balto St

D. Hull M. D.

Medical Attendant.

*Address,* 148 S. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 92587 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 24, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie A. Burley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... *Months,* 20 *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} √

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 64 St. Mary St.

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St Cem

*Date of Burial,* June 25th 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St

Geo. A. Fleming M. D.
Medical Attendant.

*Address,* 172 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92588

## Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE, MD.

*Date of Death,* June 24. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Keidel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 45 Minutes ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 578 S. Charles St

*Cause of Death,* First (Primary), Hem Hemorrhage

Second (Immediate), Exhaustion Consequent upon

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* June 25 86.

*Undertaker,* Daniel Flynn

*Place of Business,* 109 West St.

*Address,* [illegible]

Greenlee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back ...

# Health Department, City of Baltimore.

Permit No. 92589

*Office of Registrar of Vital Statistics.*

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Rachor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 11 S Duncan Aly.

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* June 25th 1886

*Undertaker,* W. Blotkamp, F. J. H. Colleuber Jr. *M. D.*

~~Medical~~ Attendant.

*Place of Business,* 253 E. Lombard *Address,*

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

**Permit No.** 92590 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 25 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Jones Newlett

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* *Years,* 1 *Months,* 21 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 201 Lanvale St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Bronchitis

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June 26/86

*Undertaker,* J. J. Chalmers

*Place of Business,* 40 Wilson St.

N. M. Wilson M. D.
Medical Attendant.

*Address,* 251 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9259 — *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 25. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Roycroft

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* / *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 188 N. Duncan St.

*Cause of Death,* First (Primary), Suppressed Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 26th 1886

*Undertaker,* Leonhard Veit

*Place of Business* 277 S. Bond St. *Address,* 392 E. Balt St.

C. G. Luck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 92592 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24, 1886 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. McFarland -

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male -

*Age,* ~~———~~ *Years,* 6 *Months,* 21 *Days*

*Color,* White -

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore -

*Duration of Residence in the City of Baltimore,* Lifetime -

*Place of Death,* {Give Street and Number.} 6 Selma Place -

*Cause of Death,* First (Primary), Fall from Carriage -

Second (Immediate), Acute inflamation of brain -

*Duration of Last Sickness,* Four days -

All [illegible] should be furnished by the Physician.

*Place of Burial,* Balls Cemetery

*Date of Burial,* June 25th

*Undertaker,* Wm Weaver

*Place of Business,* 202 Eastaw Av

E. H. Holbrook, M. D.
Medical Attendant.

Address, 185 N. Carey st -

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92593 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucie M. Grimsal

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 6 *Months,* *Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1216 Gwynn Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* June 26th 86

*Undertaker,* F. G. Francis

*Place of Business,* Bonte & Wolfe Co *Address,*

*M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92594 *Office of Registrar of Vital Statistics.* Ward 9-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 25 1886
BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 24, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jannie Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 38 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Hotel man

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} MD

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Heart Failure

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetry

*Date of Burial,* June 25, 1886

*Undertaker,* Henry McC Gunn

*Place of Business,* 16 N. Central

Medical Attendant. *M. D.*

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92595 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday June 23rd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugenie McKenna

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 80 East Hoffman St

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), Exhaustion & Coma

*Duration of Last Sickness,* 19 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* June 25 1886.

*Undertaker,* Henry McE. Gines,

*Place of Business,* 48 N. Central Ave, Wilmer Brinton M. D. Medical Attendant.

Residence, Chas St & Fremont Place.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 42576 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Padden

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~Years~~, 5 *Months,* ~~Days~~

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 172 S Wolf st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mathias Cemetery

*Date of Burial,* Friday June 25 1886 20 dk Sq

*Undertaker,* John Brown

*Place of Business,* 224 S. Bethel St

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9257 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 25 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant child of Wm. & Ruth Hayden

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, ~~Months~~, two Days

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 32 Tyson street

*Cause of Death,* First (Primary), Icterus neonatorum —

Second (Immediate), Convulsions

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 25th 1886

*Undertaker,* W. W. Maddrix

*Place of Business,* 76 East St

Marie E. Thalwitzer M. D.
Medical Attendant.

*Address,* 256 Mulberry st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92598 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 25 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M. Myers

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 3 0 — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 42 N. Spring Av

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Inanition

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cr

*Date of Burial,* June 26 1886

*Undertaker,* Henry Hoek

*Place of Business,* 309 N Eutaw St Address, 282 W. Broadway

Chas. B. Leigh M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92599 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Trinkel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 11 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* House Keeper ✓

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 139 Scott St

*Cause of Death,* First (Primary),

Second (Immediate), Puerperal Convulsions

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 27th 1886

*Undertaker,* Wm J Tickner

*Place of Business,* 65 S Eutaw *Address,* 155 W Pratt

Jno A Gloss *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92600 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Wm B K & Minnie E Shirkie

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 8 hours *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 139 Scott, L B

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 27th 1886

*Undertaker,* J Wm Tickner

*Place of Business,* 16 S Eutaw *Address,* 105 Hanover

Wm B Gill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Respectable Undertakers or Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92601 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUN 25 1886 BALTIMORE, MD.

*Date of Death,* June 24, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonora Hall

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 14 *Months,* ..... *Days.*

*Color,* C.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* S

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} # 9 Carlton St

*Cause of Death,* First (Primary), .....

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. cemetery

*Date of Burial,* June 25th 1886

*Undertaker,* Wm. A. Gumpert

*Place of Business,* 62 East. St. *Address,* 306 N. Eutaw St.

C. W. Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 92602 *Office of Registrar of Vital Statistics.* **Ward** 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 13rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Burngarten

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 27 Bank Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* June 27 /86

*Undertaker,* Michael Funk

A Shepherd M. D.
Medical Attendant.

*Place of Business,* 85 Bank St *Address,* 882 Baldwin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92603 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH. D

*Date of Death,* June 23 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie F. Maddux

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,* School-teacher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond, Va.

*Duration of Residence in the City of Baltimore,* 2 years.

*Place of Death,* {Give Street and Number.} No. 43 N. Calvert St.

*Cause of Death,* First (Primary), Heart trouble

Second (Immediate), —

*Duration of Last Sickness,* Instant death.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 25th 1886

E. H. Lynch M. D.
Medical Attendant.

*Undertaker,* ~~J. W. JENKINS & SONS~~ UNDERTAKERS

*Place of Business,* Park & Saratoga Sts. *Address,* 161 W Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

6a

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE, MD

a

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Gardner

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 19 N. Broad St

*Cause of Death,* First (Primary,) Exhaustion a Meningitis

Second (Immediate,) Convulsion

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto cem

*Date of Burial,* June 25 1886

*Undertaker,* H. C. Sandgrund Jr

*Place of Business,* 252 Caroline St

Physician. M. D.

Medical Attendant.

*Address* 13 N Bond St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92605 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 6 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give Street and Number.} 033 Burke St.

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Comfort

*Date of Burial,* June 25 1886

*Undertaker,* H. Saunderson

*Place of Business,* 252 Canton Ave *Address,* 033 Eliza St.

Medical Attendant. *M. D.*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 92606 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 25 1886
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Zimmerman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 5 yrs

*Place of Death,* {Give street and Number.} 246 Canton Ave

*Cause of Death,* First (Primary), Chronic Bronchitis & Asthma

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* One Month.

the above information should be furnished by the Physician.

*Place of Burial,* Family Lot Cem

*Date of Burial,* June 27th 1886

*Undertaker* Wm. Sanderson Jr

*Place of Business,* 252 Canton Ave *Address,*

Edward [illegible] *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 92607

*Office of Registrar of Vital Statistics.*

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE, MD

## CERTIFICATE OF DEATH.

C

*Date of Death,* 25th June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie E. Robinson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} G. G. Robinson & Parents

*Age,* ~~Years,~~ 4 Months, 13 Days.

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Wilkins ave, No Number Fulton Ave.

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June 26th 1886

*Undertaker,* ~~Wm~~ Weaver

*Place of Business,* Eutaw near Madison

Arthur Williams M.D.,

Medical Attendant.

*Address,* 119 N. Charles St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92,608 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE, MD.

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## CERTIFICATE OF DEATH.

*Date of Death,* June 23. 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Gardner.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ 1½ *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} M. C. Hospital

*Cause of Death,* First (Primary), Peritonitis.

Second (Immediate), Malnutrition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 25

*Undertaker,* C. H. Blizzard

*Place of Business,* 20 Pine *Address,*

E. F. Brown M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92609 *Office of Registrar of Vital Statistics.* Ward 13 D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Lapsley

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 3 *Years,* 2 *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore V

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 156 McHenry St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* Seven (7) Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem.

*Date of Burial,* June 26/86

*Undertaker,* J. H. Cook

*Place of Business,* 707 E. Balto St

D. L. Dugan M. D.
Medical Attendant.

*Address,* 314 W Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92610 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hezikiah Isaacs

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months.* 5 *Days*

*Color,* Colored

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 5 Months

*Place of Death,* {Give Street and Number.} 106 Welcome Alley

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum.

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Locust Cemetery

*Date of Burial,* June 25 1880

*Undertaker,* H. Rost

*Place of Business,* 95 Eastern Ave

E. Trichean. M. D.
Medical Attendant.

*Address,* 96 Lee St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 42611 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness. is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1896 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 74 *Years,* *Months,* *Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} W

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 1½ years

*Place of Death,* {Give Street and Number.} 398 Wash St

*Cause of Death,* First (Primary), Scrofula

Second (Immediate), Phthisis

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Lancaster Co Va

*Date of Burial,* June 25 1896

*Undertaker,* H Ross

*Place of Business,* 97 Conway St *Address,* 446 Hanover St

by Chas Lowe M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4245 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92612 *Office of Registrar of Vital Statistics.* Ward 12½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 25 1886 BALTIMORE, MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 25/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Scott.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* — *Months,* — *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} S.

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St Vincents Infant Asylum.

*Cause of Death,* First (Primary), Diphtheria.

Second (Immediate), Suffocation.

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 25/86.

*Undertaker,* Frank Smith

*Place of Business,* Asylum Avenue *Address,* Harlem ave & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92613. *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Friday June 25th 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Augustus

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* abt 70 *Years,* *Months,* *Days,*

*Color,* Colored

*~~Married,~~ Single, ~~Widow or Widower~~* { Cross out the word not required in this line. }

*Occupation* General Housework

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } -

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 44 Saratoga St

*Cause of Death,* First (Primary), Old age

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balt Cemetery

*Date of Burial,* June 25th 1886

*Undertaker* Geo. Rinehart

*Place of Business* Health Office

E. Duncan M. D.
Medical Attendant.

*Address,* Park Ave & Monument St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92614 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Stricklin

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* Sick *Months,* ~~~~ *Days.*

*Color,* Colord

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 96 Raboby Street

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemitery

*Date of Burial,* June 25 1886

*Undertaker,* W.H. Dunyee

*Place of Business,* East St. *Address,* Camp 26 & R

James H. Steward M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. C. Seward S. I.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 92615 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 25 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice F. Morrow

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and Number.} 46 Woodyear

*Cause of Death,* First (Primary). Diphtheria

Second (Immediate). "

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 26 1886 J. H. Christian M. D.

Medical Attendant.

*Undertaker* Denny & Mitchell

*Place of Business,* 16 Fayette St *Address,* 506 Mad. Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Health Department, City of Baltimore.

Permit No. 92616 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J Bright

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 46 Years, ... Months, ... Days

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Waiter.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Chestertown Kent Co Md.

*Duration of Residence in the City of Baltimore,* 16 yrs.

*Place of Death,* {Give Street and Number.} 160 Raberg St.

*Cause of Death,* First (Primary), Bright Disease

Second (Immediate), Uraemia

*Duration of Last Sickness,* 36 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Shanpsh Cemetery

*Date of Burial,* June 26 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 1160 Orchard St *Address,* 134 S Carrollton Av

Louis D Pennington M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92617 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} None John Cramer

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} (Parents) Katie Cramer

*Age,* ..... *Years,* ..... *Months,* 10 Minutes *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No 182 Orleans St

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 10 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* East Balt Cemetery

*Date of Burial,* June 25th 1886

*Undertaker,* John Cramer

*Place of Business,* 182 Orleans St *Address,* No 102 N Front

Wm H Claudius M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8 1

*Permit No.* 92618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 25

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalee Gilham

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* Three *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 83 W. Biddle St

*Cause of Death,* First (Primary.) Pertussis & Bronchitis

Second (Immediate.) Diarrhoea

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonne Brae

*Date of Burial,* June 26/88

*Undertaker,* Chas. J. Scuren

*Place of Business,* 27 S. Eutaw

L. J. McCormick M. D.
Medical Attendant.

*Address* 451 Eutaw Place

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92619 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McCahell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* *Months,* *Days*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth ~~Place~~,* {State or country, and how long in the United States, if of foreign birth.} No 2 Greenwillow Ct.

*Duration of Residence in the City of Baltimore,* one year

*Place of Death,* {Give Street and Number.} 2. Greenwillow Ct.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,* Nine days

All the above Information should be furnished by the Physician.

*Place of Burial,* Sandy Springs Md.

*Date of Burial,* June 25th 1886

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry St.

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92620 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 25th June 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. James.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Eighty Six (86) *Years,* *Months,* *Days*

*Color,* White.

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Planter.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} South Carolina

*Duration of Residence in the City of Baltimore,* about Fifteen (15) Years.

*Place of Death,* {Give Street and Number.} Fifty four W. Madison St. Balto.

*Cause of Death,* First (Primary), Advanced age.

Second (Immediate), Uremia —

*Duration of Last Sickness,* about Six days.

All the above information should be furnished by the Physician.

*Place of Burial,* Florence S.C.

*Date of Burial,* June 27th 1886

*Undertaker,* Henry W. Brans

*Place of Business,* 22 W Fayette

M C Mansfield M. D.
Medical Attendant.

*Address,* 47 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4247 Transit

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92621 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Werner Wrede

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* 63 *Years,* 3 *Months,* 30 *Days*

*Color,* white

*Married,* ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 44 yrs

*Place of Death,* {Give Street and Number.} 256 Lanvale

*Cause of Death,* First (Primary), Carcinoma of Liver

Second (Immediate),

*Duration of Last Sickness,* abt 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* June 26th 1886

*Undertaker,* Stewart & Moore

*Place of Business,* 35 Park ave *Address,* 143 N Charles St

M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92642 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenora Virginia Barris

*Sex,* ~~Male or Female~~, {Cross out the word not required in this line.} Female

*Age,* Years, 16 Months, 2 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 312 Alice Anna St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount cem

*Date of Burial,* June 26 1886

*Undertaker,* G. Sanders & Son — Nicholas L. Bathurst, M. D. Medical Attendant.

*Place of Business,* 232 Caroline — Address, 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92623 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Rothman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 38 *Years,* 9 *Months,* ..... *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Bar Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 177 W. Pratt St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage from Lungs

*Duration of Last Sickness,* Fourteen Months

All the above information should be furnished by the Physician.

*Place of Burial* St Alphonsus Cemetery

*Date of Burial,* June 26, 1886

*Undertaker,* Henry Hecht

*Place of Business,* 309 N Central ave Address, 116 E Hoffman St

Whitfield Winsey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92624 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Miller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 1 — 1

*Place of Death,* {Give Street and Number.} 4 McComas St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphons C

*Date of Burial,* June 26

*Undertaker,* B. F. Hall

*Place of Business,* 82 West St.

R. W. Ellis M. D.
Medical Attendant.

*Address,* Front & Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92625 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 23/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Petty

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 16 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 50 Johnson St.

*Cause of Death,* First (Primary), Congestion

Second (Immediate), Hypertrophy of Heart

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 26

*Undertaker,* B Marle.

*Place of Business,* 82. West Fayette Address, 281 E. Charles St.

John Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Ce...

# Health Department, City of Baltimore.

Permit No. 92626 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 84

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward W. Batchelor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 6 Months, 8 Days

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City 6 - 8

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 2517 William st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 26

*Undertaker,* B. Hall

*Place of Business,* 52 West St

R. A. P. Ellis' M. D.

Medical Attendant.

*Address,* Franc & Shelby sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 92627 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Jones

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 14 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death.* { Give street and Number. } Little Wilson St. 167

*Cause of Death,* First (Primary), .....

Second (Immediate), Bronchial Catarrh

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pact Cemetery

*Date of Burial,* June 26th 1886

*Undertaker* Fred Kirchner

*Place of Business,* Health Office *Address,* .....

Ellsperman M. D.
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 92628 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Thursday June 24th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Carter

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} Female

*Age,* 15 *Years,* 8 *Months,* 14 *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 7 Ivy alley

*Cause of Death,* First (Primary). Softening of the brain

Second (Immediate). Exhaustion

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 25th 86

*Undertaker* W. A. Bishop & Co

*Place of Business,* 97 Druid Hill Ave

Chas. Carlow M. D.
Medical Attendant.

*Address,* Cor Carey & Fayette Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, color and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[over]

# Board of Health, City of Baltimore,

Permit No. 92629 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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HEALTH DEPARTMENT BALTIMORE MD. JUN 26 1886

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George N. Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* House Painter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Newyork State

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give street and Number.} Union Protestant Infirmary

*Cause of Death,* First, (Primary,) Mulurial Fever.

Second, (Immediate,) General Paralysis

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* June 26/86

*Undertaker,* Chas S. Fry

*Place of Business,* 87 W Baltimore

G. Fawcett M. D.,
Medical Attendant.

Address, 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92630 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Hoggs

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 49 *Years,* / *Months,* 8 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Working Woman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 49 years

*Place of Death,* {Give Street and Number.} 911 Pen. Ave Hospital

*Cause of Death,* First (Primary), Fibro cystic Abdominal tumors

Second (Immediate), Coma, Suppression of Urine, Exc.

*Duration of Last Sickness,* About 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet St

*Date of Burial,* June 28 88

*Undertaker,* Alex. Hendley

*Place of Business,* 116 Orchard

Robert Pond M. D.
Medical Attendant.

Address, 911 Pen Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92631 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie F Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 34 Yrs *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. md Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1489 Park Ave

*Cause of Death,* First (Primary), Nephritis preceding labor

Second (Immediate), Puerperal Convulsions

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cy

*Date of Burial,* June 26 1886

*Undertaker,* Chas F Mayer

*Place of Business,* 345 Park *Address,* 371 Eutaw Place

Thos F Latimer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92632 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamia White

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 6 *Months,* 18 *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 8 Peach Alley

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Summer Complaint

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* West Port Cem

*Date of Burial,* June 26th 1886

*Undertaker,* F A Kuchnes

*Place of Business,* Health Office

G Thos A Shuman M. D.

Comm'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

J Chas. Edmonds = Inspector

# Health Department, City of Baltimore.

Permit No. 92633 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Walter Giles

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* one *Years,* four *Months,* 29 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1024 N. Gilmor

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 27 June 86

*Undertaker,* Henderson Bros

*Place of Business,* Park & Saratoga

Wm McNeil M. D.
Medical Attendant.

*Address,* 101 Bancroft

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9263 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

77

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Sophie Parker.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 50 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 20 years.

*Place of Death,* {Give Street and Number.} St Joseph's Hospital

*Cause of Death,* First (Primary), Bright's disease.

Second (Immediate), asthenia

*Duration of Last Sickness,* four months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 26. 1886.

*Undertaker,* Wm H. Hickman. Irving Miller M. D.
Medical Attendant.

*Place of Business,* 234 W. Fay St. *Address,* 179 E. Monument St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ce...

# Health Department, City of Baltimore.

Permit No. 92635 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

D

*Date of Death,* June 25. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lewis Brown

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ *Years,* 1 *Months,* 14 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 26 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office *Address,* 57 St Paul St

Thos. J. Vans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Form.

# Health Department, City of Baltimore.

Permit No. 92636

## *Office of Registrar of Vital Statistics.*

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J McEpier

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Boatman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 291 Light St

*Cause of Death,* First (Primary), Softening of Brain

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Jan 27/1886

*Undertaker,* Armstrong

*Place of Business,* 963 Light

W H O Ellis M. D.

Medical Attendant.

*Address,* 1200 Fawn

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92037 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Muhler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* 7 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 149 W. Fayette St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), C. Infantum

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Londonpark Cemetery

*Date of Burial,* June 27. 1886

*Undertaker,* Ernst Lehlbach

*Place of Business,* 181 Sharp *Address,* 158 S. Paca

Jno D. Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92638 *Office of Registrar of Vital Statistics.* Ward 2 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. B

*Date of Death,* June 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Norakowski

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 259 S Wolfe St.

*Cause of Death,* First (Primary), Internal Convulsions

Second (Immediate),

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* June 26th 86

*Undertaker,* G. France

*Place of Business,* Bantz & Wolfe *Address,* 243 Alice Anna

John H. Reisberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 92669 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 25. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Alfr Louis Gotz

*Sex, Male or ~~Female~~,* {Cross out the word not requlred iu this llue.}

*Age,* ..... *Years,* ..... 5 *Months,* ..... 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 114 N. Washington

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Meningitis

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Com.

*Date of Burial,* June 27th 86

*Undertaker,* G. Deance

*Place of Business,* Bantz & Wolfe *Address,* 322 E. Balto St.

G. Glanville Lee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# CERTIFICATE OF DEATH.

92640 (To be Retained by Physician.)

*Date of Death,* June 25 1886

*Name of Deceased,* Betsy Gates

*Sex, ~~Male~~ or Female,* /

*Age,* 52 years

*Color,* Col'd

*Married, ~~Single, Widow~~ or Widower,*

*Occupation,*

*Birthplace,* Eastern Talbot Co Md

*Duration of Residence in B. C.* 2 Years

*Place of Death,* 61 Davis St

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of last Sickness,*

REMARKS.

Larned

June 26 '86

W H Hickman

To be substituted by one from G & Reynolds

John Murphy & Co., City Printers and Stationers.

See following certificate

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this C...

# Health Department, City of Baltimore.

Permit No. 92640 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betsy Gates

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} f

*Age,* 50 *Years,* ~~~ *Months,* ~~~ *Days.*

*Color,* Col'd

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Easton Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give Street and Number.} 61 Davis St

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* one Year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 26th 1886

*Undertaker,* W. H. Heckman

*Place of Business,* N. Gay St *Address,* Care of Office

J. Thos. Kemp M. D.

[illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John W. Gray Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92641

*Office of Registrar of Vital Statistics.*

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ritchie.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington, D. C.

*Duration of Residence in the City of Baltimore,* 7 months

*Place of Death,* {Give Street and Number.} 197 Montgomery St.

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery.

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cemetery

*Date of Burial,* June 26th 1886

*Undertaker,* Armstrong & Co

*Place of Business,* 263 Light

R. J. N. Tall, M. D.
Medical Attendant.

*Address,* 152 Sharp, St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 92642

*Office of Registrar of Vital Statistics.*

3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. McNair

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Washington D. C.

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number.} 288 E. Lombard St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 Years.

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's Cem

*Date of Burial,* June 27. 1885

*Undertaker,* Henry McGinnis

*Place of Business,* 8 N. Central Ave

Gu Bakman M.D.,
Medical Attendant.

*Address,* 380 E. Fayette St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 92643 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Denk

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 51 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* fifty years

*Place of Death,* {Give Street and Number.} 16 N Dallas St

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), ..... before death

*Duration of Last Sickness,* Ailing for a week. Paralyzed one hour

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathias Church

*Date of Burial,* June 26 th 86.

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St *Address,* 2 W Broadway

D W Cathell M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this C...

# Health Department, City of Baltimore.

Permit No. 92644 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wagner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 66 S Exeter St

*Cause of Death,* First (Primary),

Second (Immediate), Bright's Disease

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cy

*Date of Burial,* June 28 1886

*Undertaker,* Jas O Byrne

*Place of Business,* 63 Hunt *Address,* 247 S Broadway

Nicholas L Bathell, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92645 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily J. Brinck

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Connecticut

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 614 N Bakers St

*Cause of Death,* First (Primary), .....

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 10 days —

All the above information should be furnished by the Physician.

*Place of Burial,* York Pa

*Date of Burial,* June 26" 1886

*Undertaker,* Evans & Nutchum

*Place of Business,* 570 W Fayette Address, 582 N Fulton

W M Hunt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4248. Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92646 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* June 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Jennings

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 1 *Months,* 21 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 1 Mo & 21 dys

*Place of Death,* {Give Street and Number.} 36 China St.

*Cause of Death,* First (Primary), —

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* June 27 1886

*Undertaker,* Wm Chase

*Place of Business,* 193 Howard St

R. C. Lee M. D.
Medical Attendant.

*Address,* Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

## *Office of Registrar of Vital Statistics.*

Ward 13th

Permit No. 12647

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* 25th June, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry F. Johns

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male.

*Age,* Years, 2 Months. Days

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 13 Hanover Street

*Cause of Death,* First (Primary), Measles.

Second (Immediate), Bronchitis

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetary

*Date of Burial,* June 27 1886

*Undertaker,* S. W. Chase

*Place of Business,* 198 Howard St

N. W. Littell, M. D.
Medical Attendant.

*Address,* Fayette & Fremont Sts.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 92645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 25 June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cyrus Thompkins

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number} 64 Preston St

*Cause of Death* First, (Primary,) Epilepsy

Second, (Immediate,) Epileptic Convulsion

*Duration of last Sickness,* 3 yrs. Last attack of convulsions lasted about 8 hours, also unconscious

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Lebanon

*Date of Burial,* June 27 1886

*Undertaker,* S. W. Chase

*Place of Business,* 198 Howard St

F. P. Keller M. D.

Medical Attendant.

*Address,* 1462 W. Biddle St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 92649 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

*Date of Death,* June 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew L Bischoff

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 1805 So. Bethel

*Cause of Death,* First (Primary), Tetanus, Erysipelas

Second (Immediate), Convulsions - Spasms

*Duration of Last Sickness,* Six (6) days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager's

*Date of Burial,* June 27

*Undertaker,* W. D. Lyle

*Place of Business,* 197 E. Baltimore *Address,* 77 So. Broadway

Geo. L. Winter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Th...

# Health Department, City of Baltimore.

Permit No. 92650 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 2 a. m. June 26. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Taylor.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 3 *Months,* 3 *Days*

*Color,* Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* All his Life

*Place of Death,* {Give Street and Number.} 165 Wilmore Alley

*Cause of Death,* First (Primary), Phthysis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* June 27th 1886

*Undertaker,* Alex. Hensley

*Place of Business,* 116 Orchard

Geo. C. Shannon M. D.
Medical Attendant.

*Address,* 330 Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of...

# Health Department, City of Baltimore.

Permit No. 92651 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jennings

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 89 Monroe alley

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Hydrocephaloid

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* June 26th 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard *Address,*

..... *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92652 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

## CERTIFICATE OF DEATH.

14

*Date of Death,* June 25th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter R. Coleman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 3 1/2 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} East City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Child's Hospital

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate), Pertussis

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* June 26

*Undertaker,* C. W. Blizzard

*Place of Business,* 201 Penna ave *Address,* N. E. cor. of Fawn & Fayette sts

C. H. Bevan — M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 92653 *Office of Registrar of Vital Statistics.* Ward 12 11/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

74

*Date of Death* June 26th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Fisher

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* ——— *Months,* ——— *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Asylum

*Cause of Death,* First (Primary), Necrosis of Lower Jaw & Septicaemia -

Second (Immediate), Exhaustion -

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* June 26th 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* 404 Dr. Hill Ave -

F. J. Flannery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 92654 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Aor B

## CERTIFICATE OF DEATH.

*Date of Death,* June 25. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. Logan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days*

*Color,* Wht

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* nearly all life

*Place of Death,* {Give Street and Number.} Cor. McMechen & John St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* June 28th 1886

*Undertaker,* Wm. Weaver.

*Place of Business,* 1303 N Eutaw *Address,* 219 Madison ave

G Lane Donohue M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 22655 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Linthicum

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 2 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 266 Light St.

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 day.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* June 26/86

*Undertaker,* Armstrong & Son

*Place of Business,* 263 Light *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 12656 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia C Funk

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 25 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 27 Crook st

*Cause of Death,* First (Primary), General Malaise

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* June 27th

*Undertaker,* Walter Isanuel

*Place of Business,* 315 Biddle St. *Address,*

[illegible] Howes *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 92667 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Mary

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 19 *Years,* ... *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give Street and Number.} 24 S Bidddle

*Cause of Death,* First (Primary), Brights Disease

Second (Immediate), " "

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 27/86

*Undertaker,* Walter Sumwalt

*Place of Business,* 315 W. Biddle st *Address,* ...

James Baer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 92658 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Harriet Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St Mary's Co

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give Street and Number.} 12 Dorcas

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 28th 1886

Chas F. Michaelson M. D.
Medical Attendant.

*Undertaker,* Morgan & Rye

*Place of Business,* 9 Mulberry *Address,* 283 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Ens. & Diseases on Bk.

# Health Department, City of Baltimore.

Permit No. 9169 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Dixon

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 10 *Months,* 8 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 221 Vincent Alley

*Cause of Death,* First (Primary),

Second (Immediate), Enteritis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 26th 1886

*Undertaker,* Wm. H. Lange

*Place of Business,* 140 East St

M. K. Garner M. D.
Medical Attendant.

*Address,* 280 N. Strieker St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Page

# Health Department, City of Baltimore.

Permit No. 92660 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 12 *Years,* — *Months,* *Days*

*Color,* Brown Ki

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.} Child

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 75 N. Spring St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage from Lungs

*Duration of Last Sickness,* Few weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 26th 1886

*Undertaker,* Wm. L. Lange

*Place of Business,* 1162 East [illegible]

Virgil Mussey M. D.
Medical Attendant.

*Address,* 110 N. Gay St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 92661 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Jones

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 18 *Years,* — *Months,* — *Days.*

*Colored*

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation* Chambermaid

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 59 Clifton Ave

*Cause of Death,* First (Primary), Anasarca

Second (Immediate), Pleurisy

*Duration of Last Sickness,* Six Months

the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 26 1886

Geo. A. Dixon M. D.

Medical Attendant.

*Undertaker* H. Ross

*Place of Business,* 95 Eastern Ave *Address,* 664 Hanover St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 92662 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ~~11~~ *Years,* 6 *Months,* 7 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1 Rose's Ct

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 26 1896

*Undertaker,* H. Ross

*Place of Business,* 94 Eastern Ave *Address,* 172 Sharp St

W. S. Booze M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92663 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 24. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Bokelkin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* # *Years,* 11 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bell. Mod.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 82 S. High St.

*Cause of Death,* First (Primary), Teething Cancer

Second (Immediate), Meningitis

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 27. '86.

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bay.

L. A. Funk M. D.
Medical Attendant.

*Address,* 292 E. Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No. 42664 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* Fourteen (14) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No 128 South Chester Street

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Annarundle Co.

*Date of Burial,* June 27th 86

*Undertaker,* G. Francis

*Place of Business,* Banks & Wolfe Address, No. 102 N. Bunday

Wm. H. Cleaver M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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...personal attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92665 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1886 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jena Christoviak

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 1 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow or Widower~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 272 S. Bond St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Alphonsus Graveyard

*Date of Burial,* June 27 - 10 o'clock AM

*Undertaker,* John Brown

*Place of Business,* 224 S. Bethel St *Address,* 243 Alice Anna

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

20

Permit No. 92666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Cullum

*Sex,* ~~Male or~~ Female, {cross out the word not required in this line.}

*Age,* 65 *Years,* 1 *Months,* 15 *Days.*

*Color,* White

*Married,* ~~Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England Resident of U.S. 46

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and number} 167 North Stricker st

*Cause of Death,* First, (Primary,) Chronic Diarrhea,

Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* June 28th 1886

*Undertaker,* John S. Slacher

*Place of Business,* 150 Camden st

E W Fiske M. D.
Medical Attendant.

192 N Eutaw

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92667 *Office of Registrar of Vital Statistics.* Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ophelia Burley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* One *Months,* 23 *Days*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} No. 1 Inc. Eldersy St Court.

*Cause of Death,* First (Primary), Anemia

Second (Immediate), Convulsions

*Duration of Last Sickness,* since its birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* June 27 - 1886

*Undertaker,* Wm R Madden

*Place of Business,* 46 Cook St

Francis A. Sauer M. D.
Medical Attendant.

*Address,* 105 N. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...penalty attached to the neglect of Physicians to respectfully attend to the remarks below, and to rule of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92668 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Duckett

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 10 *Years,* — *Months,* — *Days.*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 218 Chestnut alley

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* June 27th 1886

*Undertaker,* Wm. A. Dwyer

*Place of Business,* 1062 East St

N. Hill M. D.
Medical Attendant.

*Address,* 23 E. Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92669 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1886 BALTIMORE

*Date of Death,* June 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Hines

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 98 *Years,* 6 *Months,* 1 *Days*

*Color,* col

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Midwife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give Street and Number.} 135 E Chestnut st

*Cause of Death,* First (Primary), Ossification of valves of heart

Second (Immediate), Exhaustion old age

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 27th 1886

*Undertaker,* Wm N Dungan

*Place of Business,* No 62 East st

E C Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 22670 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Eli Barnes

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~~~~ *Years,* 3 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 34 Cole St

*Cause of Death,* First (Primary), Malnutrition

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 28th 86

*Undertaker,* J. E. Cook

*Place of Business,* 707 W. Balto St

Geo. Amos Steuart M. D.

*Address,* [redacted]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J. J. Fitzpatrick
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92671 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon James Ferguson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* One *Months,* 14 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 35 Jefferson St Balto. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 35 Jefferson St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Convulsions

*Duration of Last Sickness,* since its birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 27th 1886

*Undertaker,* C. J. Cook

*Place of Business,* 473 Jefferson st *Address,* 105 W. Centre Ave

Francis A. Sowers M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 92672 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McLaughlin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Peddler

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland - 8 years

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 28/86

*Undertaker,* C. F. Krauss & Son

*Place of Business,* 209 Conway

C. W. Mitchell M. D.
Medical Attendant.

Address. University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 12673 *Office of Registrar of Vital Statistics.* Ward 3th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie Jelenieuski

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 41 64 S. Eden St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* June 27th 86

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 243 Alice Anna St

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 12674 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Goldstein

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* —, *Years,* 5, *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Infant

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Five months

*Place of Death,* {Give Street and Number.} No 1 Thompson Street

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exanition

*Duration of Last Sickness,* Three Mouths

All the above information should be furnished by the Physician.

*Place of Burial,* Bel Air Rd Heb Cem

*Date of Burial,* June 27th 1886

*Undertaker,* Jacob Ahrens Jos. E. Heard M. D.

Medical Attendant.

*Place of Business,* Hoffler St *Address,* 996 E. Monument St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9265

## *Office of Registrar of Vital Statistics.*

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday June 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McIntire

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 48 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married.

*Occupation,* Moulder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give Street and Number.} 207 Neighter St

*Cause of Death,* First (Primary), Chronic Cystitis & Nephritis

Second (Immediate), Uraemic Coma & Exhaustion

*Duration of Last Sickness,* One year and a half

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 27th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Fremont Ave

Warner Bruton M. D.
Medical Attendant.

*Address,* Chas St & Forrest Place

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause d date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 12676 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

2

## CERTIFICATE OF DEATH.

*Date of Death,* June 25-1886-

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Farrington

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* 9 *Months,* *Days*

*Color,* colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* working girl

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore-Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 5 Holbrook St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 27th

*Undertaker,* H. C. Winefield

*Place of Business,* 100 Greenmount Ave

D J Murtaugh M. D.
Medical Attendant.

*Address,* Belair ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

HEALTH DEPARTMENT RECEIVED JUN 28 1886

Permit No. 9267 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Charles Leitz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 15 hours. ~~Days~~

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 46 Greenmillen St.

*Cause of Death,* First (Primary), Cyanosis

Second (Immediate),

*Duration of Last Sickness,* From Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 28 86

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna ave

J. Miller, M. D.
Medical Attendant.

*Address,* 188 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to Rule of practice on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92678 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26 - 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Oliver Forsythe

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Saloon keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Gunshot wound of chest injuring lung & heart.

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* Ten minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 28

*Undertaker,* B. Hall

*Place of Business,* 82 West St

Harry Friedenwald M. D.
Medical Attendant.

*Address,* City Hospital —

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92679 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT JUN 28 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the prosecution of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wittig

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 47 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* June 28th 1886

*Undertaker,* Geo. Lemmon

*Place of Business,* 38 & W Pratt

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92680 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
JUN 28 1886
BALTIMORE MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada C Kane

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* ~~*Months,*~~ 10 *Days*

*Color,* Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ~~,~~

*Birth ~~Place~~,* {State or country, and how long in the United States if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 50 Cator Ln

*Cause of Death,* First (Primary), Cathonal Pneumonia

Second (Immediate),

*Duration of Last Sickness,* Since week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* June 27th 86

*Undertaker,* Wm J. Carey

*Place of Business,* 65 Madison *Address,* 143 N Charles Ln

A B Kane M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 92681 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 28 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Gregory

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 3 *Months,* 18 *Days,*

*Color* ~~ad~~

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 141 Etting St.

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* June 27th 1886

*Undertaker,* Wm J Gray

*Place of Business,* 65 Monument

Wm J. Lockwood M. D.,
Medical Attendant.

*Address,* Park Ave and Madison St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...quarterly returns to the Registrar shown and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92682 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. JUN 28 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 27 June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel W. Bond

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 137 S. Gilmore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 137 S. Gilmore

*Cause of Death,* First (Primary), some heart trouble apparently

Second (Immediate), Syncope

*Duration of Last Sickness,* most of it's life

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Monday 28th inst.

*Undertaker,* J. B. Cook

*Place of Business,* 707 Baltimore *Address,* 594 W. Fayette st.

John Hood M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92683 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT JUN 26 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 26. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Majura Skinner

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,* /

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* /

*Place of Death,* {Give Street and Number.} 187 Hanover St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), asthenia

*Duration of Last Sickness,* /

All the above information should be furnished by the Physician.

*Place of Burial,* Shoshet Cemetery

*Date of Burial,* June 28th 86

*Undertaker,* Glen Perkins

*Place of Business,* 221 Hanover St

C. O. S. Booze M. D.
Medical Attendant.

*Address,* 172 Charles St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92684 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT
JUN 28 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 27, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Villeroy Canfield.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 9 Months, 15 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cleveland, Ohio. U.S.

*Duration of Residence in the City of Baltimore,* 6 months,

*Place of Death,* {Give Street and Number.} 134 N. Calvert St,

*Cause of Death,* First (Primary), Capillary Bronchitis.

Second (Immediate), Asphyxia.

*Duration of Last Sickness,* Five days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* June 28" 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 504 W. Fayette St

George H. Rohe, M. D.
Medical Attendant.

Address, 134 N. Calvert St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, JUN 27 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Pattison

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 67 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and number.} 228 N Eutaw St

*Cause of Death,* First (Primary,) Apoplexy

Second (Immediate,) Paralysis.

*Duration of Last Sickness,* 15 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery *Jno D Y Larkin* M. D.

Medical Attendant.

*Date of Burial,* June 28th 1886

*Undertaker,* Denny & Mitchell Address 218 N Eutaw St

*Place of Business,* 550 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

# Board of Health, City of Baltimore,

Permit No. 92686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clifton Hellwig

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* as above

*Place of Death,* {Give street and number} 26 South Eden st

*Cause of Death,* First, (Primary.) Pat Pneumonia

Second, (Immediate,) Internal trouble. Simulation Congestive Suppuration of pleura

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 28th 1886

*Undertaker,* Wm J Tickner

*Place of Business,* 65 S Eutaw

G. H. Free M. D.
Medical Attendant.

*Address,* 192 N. Carey st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker of other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92687 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR OF VITAL STATISTICS BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Reutchler

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 7 *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 7 mo.

*Place of Death,* {Give Street and Number.} 19 Pond St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* German United Cemetery

*Date of Burial,* June 28th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Anne.

Frank C. Bressler M. D.
Medical Attendant.

Address, 107 Bank St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92688 *Office of Registrar of Vital Statistics.* Ward 7 4

HEALTH DEPARTMENT JUN 28 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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## CERTIFICATE OF DEATH.

*Date of Death,* June 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Amrhein

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany (3 yrs in U.S.

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Cirrhosis of Liver

Second (Immediate), Acute Peritonitis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* June 28th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Fremont Ave *Address,* 188 N Calvert St

Oscar J Kuhns M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92689 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Geo W Moore June 26th/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Moore

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* 4 *Months,* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 180 Burgundy al

*Cause of Death,* First (Primary), Tetanus

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Nat. Cem. London Park

*Date of Burial,* June 28/86

*Undertaker,* P J Dick

*Place of Business,* 193 Columbia Av

Geo R Graham *M. D.*
Medical Attendant.

*Address,* 136 Columbia ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to Directions on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92690 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT
JUN 30 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Hansen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 8 *Years,* 1 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 25 East St

*Cause of Death,* First (Primary), Rheumatism

Second (Immediate), Pericarditis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 28/86

*Undertaker,* J. B Cook

*Place of Business,* 707 W. Balto

H. Skinner M. D.
Medical Attendant.

*Residence,* 44 N Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92691 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT JUN 28 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27- 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Ezra Gates

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* 9 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U S

*Duration of Residence in the City of Baltimore,* 2 yrs +

*Place of Death,* {Give Street and Number.} 34 Fredk Ave

*Cause of Death,* First (Primary), Tetanus —

Second (Immediate), Asphyxia —

*Duration of Last Sickness,* 2 dys

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 28

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

Grout Strauss M. D.
Medical Attendant.

*Address,* 226 Montgomery

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE, MD.

19

Permit No. 92692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hubert Jimenez

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 1 *Months,* 8 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* as above

*Place of Death,* {Give street and number} 129 N. Carey st

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Do

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 28/86

C. W. Hill M. D.
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St *Address,* 192 N Carey st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

BOARD OF HEALTH
JUN 28 1886
BALTIMORE MD

Permit No. 92693 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Shipley

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single,~~ ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Engineer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 197 Columbia Ave

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* Seven months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 28th 1886

*Undertaker,* D. Lewis Schaefer

*Place of Business,* 109 W Fremont *Address,* 311 N Lanvale

P. S. F. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUN 28 1886 BALTIMORE MD.

Permit No. 9269 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter S. Loggins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* — *Months,* — *Days*

*Color* Ed

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give Street and Number.} 5 Greenwillow St

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Hypostasema

*Duration of Last Sickness,* 7 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* June 29 1886 Geo. A. Fleming M. D.

*Undertaker,* Alex Hamby Medical Attendant.

*Place of Business,* 116 Orchard St *Address,* 172 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
JUN 28 1886
BALTIMORE

*Permit No.* 9269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Brownell

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* Col — *Sex,* .....

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 81 Hampstead St

*Cause of Death,* First (Primary,) .....

Second (Immediate,) Marasmus

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury B. ground

*Date of Burial,* June 28. 1886

*Undertaker,* M. A. Daiger

*Place of Business,* 94 S. Bway

J. J. Gurley M. D.
Medical Attendant.

*Address* 137 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92696 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes May Leehlider

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 7 *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 583 Hanover st.

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 7 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager

*Date of Burial,* Jun 28 86

*Undertaker,* A Smith & Co

*Place of Business,* 1263 Lyll *Address,* 306 N. Fremont st

O'Neff *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92697 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

1a

*Date of Death,* June 28th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hedwika Rezac

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~ *Years,* 3 *Months,* ~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 43 Barnes alley

*Cause of Death,* First (Primary), ~

Second (Immediate), Remittent Fever.

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* June 29 1886

Chas. B. Zeigler M. D.
Medical Attendant.

*Undertaker,* Frank Cusack

*Place of Business,* 242 N. Durham *Address,* 282 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92698 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Pryor

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* B E10

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City 5 / Mo

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 76 Welcome alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 29 1886

R H P Ellis M. D.
Medical Attendant.

*Undertaker,* H. P. & S. S.

*Place of Business,* 95 Eastern Ave *Address,* Freem & Shulberry Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92699 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 26 99

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Lanman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days*

*Color,* Blk

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B City

*Duration of Residence in the City of Baltimore,* 1

*Place of Death,* {Give Street and Number.} 320 Hanbury

*Cause of Death,* First (Primary), Enteritis

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Christ's Church

*Date of Burial,* June 28 1899

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

R W D Eller M. D.
Medical Attendant.

*Address,* Freem & Hanbury Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92709 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 1856

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Addison

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~ Male

*Age,* ..... *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,* ~~Waiter~~ Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ~~Since Birth~~

*Place of Death,* {Give Street and Number.} 200 S. Eutaw St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 28 1856

*Undertaker,* H. Ross

*Place of Business,* 95 Eastern Ave *Address,* 122 Spring

E. L. Boze M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 92701 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

# CERTIFICATE OF DEATH.

*Date of Death,* previous to June 25th/86 when found From Appearance, would say about 6 days

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* *Years,* 9 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ✓

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Found dead in Balto city on

*Duration of Residence in the City of Baltimore,*

*Place of Death.* { Give street and Number. } Fulton alley near Tyson St

*Cause of Death,* First (Primary), unknown

Second (Immediate).

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* West Pult Cemetery

*Date of Burial,* June 27/1886

*Undertaker* G. A. Koschmann

*Place of Business,* 30 Harlem Ave Address,

L. G. Spanow M. D.

~~Medical Attendant.~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92702 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Williamson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 408 Lancaster St.

*Cause of Death,* First (Primary),

Second (Immediate), Cerebritis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* June 29th 1886

*Undertaker,* H. M. Gutmann Jr.

*Place of Business,* 341 Canton ave, *Address,* 53 Eleventh St.

E. Williams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92703

## Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 28, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margueth Siegert

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 months

*Place of Death,* {Give Street and Number.} 33 Lemmon St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 12 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* June 29/86

*Undertaker,* J. B. Coop

*Place of Business,* 707 W. Balto St

*Residence,* 314 Stollinger

James Bordley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92704 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lloyd

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 9 *Months,* 14 *Days.*

*Color* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 28 Davis Street

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Croup

*Duration of Last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bay Cathedral Cemetery

*Date of Burial,* June 28th 1886

*Undertaker,* Stephen Lloyd (Father) James A Steuart M. D.

*Place of Business,* 28 Davis St. *Address,* Com. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Particulars obtained from mother of child — M.D.

# Health Department, City of Baltimore.

Permit No. 92705 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 28 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 27. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Slaughter ~~June 27. 1886~~

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* One month

*Place of Death,* {Give Street and Number.} 108 Townsend av

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Talbot Co. Md.

*Date of Burial,* June 29. 1886

James Bosley M. D.
Medical Attendant.

*Undertaker,* Martin Baker

*Place of Business,* 128 Townsend St. *Address,* 319 Aisquith av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4250 Transit

# Health Department, City of Baltimore.

Permit No. 9706 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Morgan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto - City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 506 Calhoun st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 - days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral cemetery

*Date of Burial,* June 29. 1886

*Undertaker,* Martin Faber

*Place of Business,* 128 Lawrence st *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92707 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kepper

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,* ~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 306 Alice Anna

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical cem

*Date of Burial,* June 30 1886

*Undertaker,* H. G. Sanders & Son

*Place of Business,* 252 Caroline St

John A. Kehberger M. D.
Medical Attendant.

*Address,* 243 Alice Anna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92708 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Kratz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years. ~~10~~ 6 Months. 10 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 349 Eastern Avenue

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* June 29 1886

*Undertaker,* H. C. Sanders Son

*Place of Business,* 202 Canton Av *Address,* 472 E. Balto St.

James F. Steuart M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9709 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie McTee

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* *Days*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 273 Hoffman St.

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), " "

*Duration of Last Sickness,* 2 days. Saw her at office once

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St Cem

*Date of Burial,* July 29th 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Archer St

Elias E. Price M. D.
Medical Attendant.

*Address,* 262 Mount Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Reverse of Certificate.

# Health Department, City of Baltimore.

Permit No. 92710 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas McClancy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 5 *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Born Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 152 Eden St.

*Cause of Death,* First (Primary), ——

Second (Immediate), Cerebritis

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem'y

*Date of Burial,* June 30th

*Undertaker,* Geo. Frangel

*Place of Business,* ——

E. Williams M. D.
Medical Attendant.

*Address,* 2 E. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92711 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1888 BALTIMORE MD.

## CERTIFICATE OF DEATH. C

*Date of Death,* June 26th/88 – 8.15 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie son of Henry & Annie Ernest

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 6 *Months.* 9 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Child

*Occupation,* Child

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 3 N Caroline St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* 28th June 1888

*Undertaker,* Henry Eckman

*Place of Business,* 63 N Eden St *Address,* 88, E Baltimore St

A Hoffheimer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92712 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel S. Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* Mechanic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 39 Warren av

*Cause of Death,* First (Primary), Enteric Fever

Second (Immediate), Nervous Prostration

*Duration of Last Sickness,* 9 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 30th 86

*Undertaker,* C. F. Kranz & Son

*Place of Business,* 204 Hanover *Address,* 38 Warren av

H. B. Wolle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 42713 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H Bonie

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 18 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 12 Burke St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Bronchitis

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 28th 1886

*Undertaker,* Wm M. Guyer

*Place of Business,* No 62 East St.

G. F. Taylor M. D.
Medical Attendant.

*Address,* 234 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 92714 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Carter.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* Twelve *Months.* ——— *Days*

*Color,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Not any

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 12 Parish Alley

*Cause of Death,* First (Primary), Enterocolitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 28th 1886

*Undertaker,* Wm H. Dugan

*Place of Business,* No 62 East St

Edward E. Mackenzie M. D.
Medical Attendant.

*Address,* 69 Franklin St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92715 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 28/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred'k Schimpf

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 216 S. Bethel St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Louis

*Date of Burial,* June 29/86

R. W. Mansfield M. D.
Medical Attendant.

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 92716 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 29, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Goldstein.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* — *Days,*

*Color,* White.

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Nor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 40 Hanover St.

*Cause of Death,* First, (Primary,) Intussusception

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* four weeks.

All the above information should be furnished by the Physician.

*Place of Burial.* Bel Air Rd Hebrew

*Date of Burial.* June 29 1886

J. E. Heard M. D.,
Medical Attendant.

*Undertaker,* Jacob Ahrens

*Place of Business,* Light St Address, 376 & Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9277 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bauerschmidt

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 81 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 33 Haubert bet E. & S.

*Cause of Death,* First (Primary), Fall

Second (Immediate), old age

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Aloysius Cem.

*Date of Burial,* June 29th 86

*Undertaker,* G. France

*Place of Business,* Bond & Wolfe Sts *Address,* 325 E. Baltimore St.

G. L. Daniel M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92718 *Office of Registrar of Vital Statistics.* Ward (23)

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Guckline

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 6 *Months,* *Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U.S.A.

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give Street and Number.} 255 E Fayette

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* June 29th 86

*Undertaker,* G. France

*Place of Business,* Gant & Wolfe Sts *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92719 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Eberle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 2 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md Balto Co

*Duration of Residence in the City of Baltimore,* 2 yrs 11 mos

*Place of Death,* {Give Street and Number.} 418 Eastern Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Cerebro Spinal Meningitis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* June 29th 86

*Undertaker,* G. France

*Place of Business,* Pant & Wolfe Sts. *Address,* .....

C. Eberle M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92729 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 29 1886 BALTIMORE MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta B. Childs

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 8 *Months,* 12 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 73 Paca St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 wk

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* June 29th

*Undertaker,* John J Cowan

*Place of Business,* 89 Hollins St

H. W. Webner M. D.
Medical Attendant.

*Address,* 298 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9272 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* June 28. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Stoffel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 39 Years

*Place of Death,* {Give Street and Number.} 9 S Lloyd St.

*Cause of Death,* First (Primary), Debility from Old age

Second (Immediate), Paralysis brain

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* June 30th 1886

*Undertaker,* Evans & Spence

*Place of Business,* No 60 E Baltimore *Address,*

J. H. Collenberg, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92722 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1886 REGISTRAR OF VITAL STATISTICS

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Buchner

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 8 Baker Alley

*Cause of Death,* First (Primary), Acute Bronchitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Jun 29 86

*Undertaker,* Andrew Rahde

*Place of Business,* 47 Penna Ave

J Rickert. M. D.

Medical Attendant.

Address, 515 Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92723 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 29 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah A Garrison

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Farmville Va

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give Street and Number.} 197 West Fayette St

*Cause of Death,* First (Primary), Cerebral Hemorrhage

Second (Immediate), asthenia

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* June 29th 1886

*Undertaker,* John S. Mackey

*Place of Business,* No 150 Camden Address, 359 W Eutaw St

J W Esh M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 92724 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 30 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lutten L Tolley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} male

*Age,* 21 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* about 10 years

*Place of Death,* {Give Street and Number.} 90 N. Stricker

*Cause of Death,* First (Primary), Pulmonary Tuberculosis

Second (Immediate), " "

*Duration of Last Sickness,* several years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* June 30" 1886

*Undertaker,* Wm J Tickner

*Place of Business,* 65 S Eutaw St *Address,* 3735 W. Fayette St

Chas Worthington M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92725 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 29 1886 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Criffo

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 4 days *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 570 Fairmount Ave.

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park.

*Date of Burial,* June 29th 1886

*Undertaker,* Wm. H. Hickman

*Place of Business,* 2340 W. Gay

DeLaucey H. Davis M. D.
Medical Attendant.

*Address,* 33 Conway St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92726 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 6th mo. 29, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Murphy

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years.~~ 5 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 173 Chestnut St.

*Duration of Residence in the City of Baltimore,* 5 mos.

*Place of Death,* {Give Street and Number.} 173 Chestnut St.

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* (5) Five days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cemetz

*Date of Burial,* June 30 1886

Robert M. Matthews M. D.
Medical Attendant.

*Undertaker,* Jno O. Byrne

*Place of Business,* 63 Fourth *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92727 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 188

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Sansone

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 28 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give Street and Number.} 76 Albemarle St

*Cause of Death,* First (Primary), Peritonitis

Second (Immediate),

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* June 29 1886

*Undertaker,* Jas P Tyrne

*Place of Business,* 637 Fremont Ave

D W Cathell M. D.

Medical Attendant.

*Address,* 211 Cathedral

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 92,728 *Office of Registrar of Vital Statistics.* Ward 11 12

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Ivonie

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* forty two *Years,* eleven *Months,* eighteen *Days,*

*Color,* White

*Married,* ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* Storekeeper

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Seven years

*Place of Death,* {Give street and Number.} 120 Linden Ave

*Cause of Death,* First, (Primary,) Typhoid fever

Second, (Immediate,)

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial.* Loudon Park

*Date of Burial.* June 30/86

*Undertaker,* Chas F. Scriven

*Place of Business,* 27 N. Eutaw

W. D. Booker M. D.,
Medical Attendant.

*Address,* 157 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92729 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion V. Cooke

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 245 E Columbia Ave

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Prostration

*Duration of Last Sickness,* Two Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* June 29/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 311 N Eutaw St

J. J. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92730 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Walthus

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 73 Fleet Av.

*Cause of Death,* First (Primary), Fracture at base of skull.

Second (Immediate), Hemorrhage.

*Duration of Last Sickness,* 4 or 5 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 29/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St

L. J. Hirschman M. D.
Medical Attendant.

*Address,* 1582 W. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92731 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca E. Bingham.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White.

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Married Woman.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co, Md.

*Duration of Residence in the City of Baltimore,* 25 years.

*Place of Death,* {Give Street and Number.} 192 N Gilmor St.

*Cause of Death,* First (Primary), Valvular Disease of Heart

Second (Immediate), Bright's Kidney & Dropsy

*Duration of Last Sickness,* 1 1/2 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug 31st 1886.

*Undertaker,* L. B. Cook.

*Place of Business,* 707 N Gilmor St, *Address,* 273 Lexington St.

John A. Ross M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rules on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUN 29 1886 REGISTERED

Permit No. 92732 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 28. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cooper

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} +

*Occupation,* +

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 153 S Durham St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury E. Cem.

*Date of Burial,* June 29th/886

*Undertaker,* J. J. Locke

*Place of Business,* 873 Jefferson St

T. V. Gouziler M. D.
Medical Attendant.

*Address,* 96 S. Ann Str.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92733 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Smithson,

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* Years, 3 Months, 23 Days.

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 268 Light St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* June 29th 1886

*Undertaker,* Thos. F. Perry

*Place of Business,* 263 Light

R. J. N. Tall M. D.
Medical Attendant.

*Address,* 152 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92734 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

a

*Date of Death,* June 28th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Loy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* Und 1 Mo *Months,* *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 50 Lee St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Sick from Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 29 1886

*Undertaker,* H Ross

*Place of Business* 95 E Lan Ave *Address,* Southern Dispensary

Julius Hall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92738 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Gray

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days.*

*Color,* Col

*Married,* *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 19 Philpot Alley

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Consumption

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* June 29th 1886

*Undertaker,* W Ross

*Place of Business,* Conway St

James A. Stewart M. D.

~~Medical Attendant.~~

*Address,* Com Health Registrar Dist 25

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 29 1886

*Permit No.* 92736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermann Ruling

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 696 S. Charles

*Cause of Death,* First, (Primary,) Congestion Chill Malarial

Second, (Immediate,) Coma

*Duration of last Sickness,* 12 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 30th 1886 Henry Chandlee M. D.

Medical Attendant.

*Undertaker,* Ernst Sahlender

*Place of Business,* 181 Sharp St. *Address,* 181 Linden Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9277 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Chase

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* Six *Months,* — *Days*

*Color,* Col —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime —

*Place of Death,* {Give Street and Number.} 91 Bruce st —

*Cause of Death,* First (Primary), Not known —

Second (Immediate), Said to be Cholera Infantum —

*Duration of Last Sickness,* Three days —

All the above information should be furnished by the Physician.

*Place of Burial,* Druid's Cemetery

*Date of Burial,* June 29 1886

*Undertaker,* William Lange

*Place of Business,* 62 East st

E. H. Holbrook, M. D.
Medical Attendant.

*Address,* 185 N. Caroline st —

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Over —

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92738 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* June 28/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rudreph

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Germany

*Duration of Residence in the City of Baltimore,* 39 years.

*Place of Death,* {Give Street and Number.} #55 Hanover st

*Cause of Death,* First (Primary), Nervous Prostration,

Second (Immediate), Paralysis of Brain from

*Duration of Last Sickness,* One month.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* June 30th.

*Undertaker,* L. W. Troll

*Place of Business,* #130 Hanover

D. L. Phin M. D.
Medical Attendant.

*Address,* 387 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 92739 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK'S DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Olivia A Hyde

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 13 Years, 6 Months, — Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 13 Years

*Place of Death,* {Give Street and Number.} 11 Hannah St Corner

*Cause of Death,* First (Primary), between Randel & Head.

Second (Immediate), Typhoid Fever between Charles & Hanover

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* June 29th 1886

Howard Coyle M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharpe corner *Address,* 446 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93744 *Office of Registrar of Vital Statistics.* Ward 1th

HEALTH DEPARTMENT JUN 29 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Evans

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 592 Canton Ave

*Cause of Death,* First (Primary) Mal Nutrition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Comty

*Date of Burial,* June 30th 1886

*Undertaker,* Shaw & Schuh

*Place of Business,* 265 Alice and Address, James A. Stewart M. D. ~~Medical Attendant~~ Com. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition as to whether married or single, of the person deceased, and the cause and date of death.

[over.]

Geo. L. Corbett
Cemetery Inspector

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9774 *Office of Registrar of Vital Statistics.* Ward 15

JUN 29 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J Slaine

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ 11 *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 174 Little Hughes Street

*Cause of Death,* First (Primary), Teething?

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* A. M. Zion cemetery

*Date of Burial,* June 29 86

*Undertaker,* C. F. Kraabe

*Place of Business,* 209 Hanover

James A. Stewart M. D.

Address, Com. of Health Register

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. C. Seward S. I.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 927-12 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT RECEIVED JUN 28 1896 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death.* June 27 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Wilson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Mal

*Age,* ~~Years,~~ 9 *Months,* ~~Days~~

*Color,* Colrd

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 130 York Street

*Cause of Death,* First (Primary), Inanition (from neglect)

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street Cemetery

*Date of Burial,* June 29 96

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* [illegible]

James A. Stewart M. D.

[illegible] Health & Hygiene

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. C. Seward S. I.

# Board of Health, City of Baltimore, 14 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 92743.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
JUL 26 1886
BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* 28th June 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Donavin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Sligo Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and number.} 143 S Calhoun St

*Cause of Death,* First (Primary,) Apoplexy

Second (Immediate,) Catalepsis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 30th 1886

Wm J L Larkin M. D.
Medical Attendant.

*Undertaker,* M Cadogan

*Place of Business,* 227 Hillsborough St Address 218 E Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92744 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Butler

*Sex, Male or* ~~Female,~~ {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* News Dealer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England, 35 Years

*Duration of Residence in the City of Baltimore,* Twenty years

*Place of Death,* {Give Street and Number.} University Hospital.

*Cause of Death,* First (Primary), Brights Disease (Chronic) ad. Syphilitic Infection

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 30th 1886

*Undertaker,* F. Levi Schaefer

*Place of Business,* 1094 Fremont Ave

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92745 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 29 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Gray

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 2 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 260 E. Lombard St.

*Cause of Death,* First (Primary), Lung Cong.

Second (Immediate), Exhaustion - Heart failure.

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore city

*Date of Burial,* June 29 th 86

*Undertaker,* J. H. Coltman Co.

*Place of Business,* 2335 Lombard

Frank C. Bowles M. D.
Medical Attendant.

Address, 167 Bank St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92746 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie M Smith

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* ✓

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 708 W Pratt st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Enteritis

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Westminister carroll county

*Date of Burial,* June 30th 1886

*Undertaker,* Jos L Cook

*Place of Business,* 1707 W Baltimore *Address,* 319 Hollins

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4252 Forest

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92747 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phebie Jane Pennell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 7 *Months,* *Days*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} D.C.

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 5 V. So. Bethel

*Cause of Death,* First (Primary), Pericarditis (Rheumatic)

Second (Immediate), Apnoea

*Duration of Last Sickness,* June 18th 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 30th

*Undertaker,* John E Grace

*Place of Business,* 1422 S. Caroline St

Geo L. Mistler M. D.
Medical Attendant.

*Address,* 77 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the notice below, and to the Certificate on the other side.

# Health Department, City of Baltimore.

Permit No. 92748 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Stevenson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* 9 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* always

*Place of Death* {Give Street and Number.} 1st 264 S. Ann st

*Cause of Death,* First (Primary), Accident Burning Wood

Second (Immediate), Spinal Concussion perhaps

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Date of Burial,* July 30

*Undertaker,* H Dippel

*Place of Business,* 157 S Bond

H. O. Whitemore M. D.
Medical Attendant.

*Address,* 12 S Eden st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92749 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 30 1886
BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 28. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hankins

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days.*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 20 Waggon alley

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 3 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* June 30th 1886

*Undertaker,* Wm A. Tinges

*Place of Business,* 1162 East 25

C W Neff M. D.
Medical Attendant.

*Address,* 306 N. Fremont St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92750 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S Deale Jr

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ?? *Years,* 9 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 205 Maryland Ave

*Cause of Death,* First (Primary), Enteritis - Diarrhoea

Second (Immediate), Convulsion

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* June 30" 1886

*Undertaker,* Dunn & Mitchell

*Place of Business,* 55 N Howard St. *Address,* 55 N Greene St.

W. F. Kemp *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92757 *Office of Registrar of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT JUN 29 1886 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 27. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Dennisk

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* Colored.

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 5 Twelve yrs.

*Place of Death,* {Give Street and Number.} 52 S. Charles St.

*Cause of Death,* First (Primary), Chronic Malarial Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 29th 1886

*Undertaker,* Wm. N. Duffy

*Place of Business,* No. 62 East Lt. *Address,* 3720 E. Lee

G. A. Lurz M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92752 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Watson

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* 1 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

*Duration of Residence in the City of Baltimore,* 2 Weeks

*Place of Death,* {Give Street and Number.} No 8 Mechanics Court

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 29th 1886

*Undertaker,* Wm N. Dugan

*Place of Business,* No 62 East Pratt *Address,* City

Thos A Clemens M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry M M Reuen Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Rule [illegible]

# Health Department, City of Baltimore.

Permit No. 92753 *Office of Registrar of Vital Statistics.* Ward 5

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 28, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Byrd Baker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 2 *Months,* 18 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 410 E. Monument St.

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), " Meningitis

*Duration of Last Sickness,* About four months

All the above information should be furnished by the Physician.

*Place of Burial,* Philadelphia Pa

*Date of Burial,* June 30/86

*Undertaker,* E. W. Jackson

*Place of Business,*

J. B. White, M. D.
Medical Attendant.

*Address,* 1631 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

453 Forest

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92757 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Johnson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ~~*Years,*~~ One *Months,* 14 *Days*

*Color,* Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 7 Little Paca Mut

*Cause of Death,* First (Primary), Mal Nutrition

Second (Immediate), Inanition

*Duration of Last Sickness,* All to life

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Mut Cemetery

*Date of Burial,* June 30th 96

*Undertaker,* Samuel W Chase

*Place of Business,* 1931 Monroe

Geo A Lung M. D.

Address, Cor Mt & Pac

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

H. C. Semmes M. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92755 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Muller

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

*Age,* 63 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Black Smith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Russian Poland 40 yrs.

*Duration of Residence in the City of Baltimore,* 15 N. Poppleton St.

*Place of Death,* {Give Street and Number.}

*Cause of Death,* First (Primary), Acute Peritonitis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. B. & Laurel Cemetery

*Date of Burial,* Jun 30 86

*Undertaker,* Autry & Quy

*Place of Business,* No 263 Lexington Address, 436 W Fayette St

V. L. Howard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92756 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1886 BALTIMORE MD

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th '86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Simcoe.

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* 2 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Four months

*Place of Death,* {Give Street and Number.} 205 German St.

*Cause of Death,* First (Primary), Bronchitis, Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brea

*Date of Burial,* July 1st

*Undertaker,* John J. Inman

*Place of Business,* 69 Holliday St

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92759 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Appel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 1 *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 60 Leadenhall St

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate), ———

*Duration of Last Sickness,* 2 days.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Western Cem

*Date of Burial,* June 30th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* [illegible]

Wm Gorter M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92758 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 30 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Button

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* 7 *Days*

*Color,* Black-

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City-

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 10 N Chapel St -

*Cause of Death,* First (Primary), Premature Birth-

Second (Immediate), Marasmus

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* June 30 /86

*Undertaker,* W W Madden

*Place of Business,* 46 East St

Wm. L. Russell M. D.
Medical Attendant.

*Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.**

# Health Department, City of Baltimore.

Permit No. 42759

## *Office of Registrar of Vital Statistics.*

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 30 1886
BALTIMORE MD

# CERTIFICATE OF DEATH.

C

*Date of Death,* June 28th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Goodman.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* ——— *Months,* ——— *Days* 1

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Bricklayer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Little York Co. Va.

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give Street and Number.} 63 Williamson St

*Cause of Death,* First (Primary) Coroners Jury decided that his death was caused by Septicemia, the result of a wound

Second (Immediate), in the right thigh, caused by a pistol

*Duration of Last Sickness,* bullet fired by Wm Thomas.

All the above information should be furnished by the Physician.

*Place of Burial,* Harp St Cemetery

*Date of Burial,* June 30 1886

*Undertaker,* W M Chase

*Place of Business,* 198 S Howard St

T J Flannery Coroner. M. D.

Medical Attendant.

*Address,* 404 Dr. Hill Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 92760 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 30 1886
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Julia Johnson.

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* Two *Months,* Eight *Days,*

*Color,* Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation* Not any

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and Number.} No 1. Chestnut Alley Ct.

*Cause of Death* First (Primary), Enterocolitis

Second (Immediate), Exhaustion

*Duration of Last Sickness.* About one week.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* June 30th 1886

*Undertaker* Alex. Hemsley

*Place of Business,* 116 Orchard

Edward E. Mackenzie M. D.
Medical Attendant.

*Address,* 69 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92761 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1886 BALTIMORE MD.

83

## CERTIFICATE OF DEATH.

*Date of Death,* 6/29/1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah ~~Warner~~ and Susan V. Hopkins Hopkins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} S.

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 5 Lambert

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St.

*Date of Burial,* June 30th 86

*Undertaker,* Alex Hendley

*Place of Business,* 116 Orchard St. *Address,* 172 Franklin

G. A. Fleming M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92762 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 30 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June - 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Clarke.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} No 99 S. Chapel st

*Cause of Death,* First (Primary),

Second (Immediate), Consumption -

*Duration of Last Sickness,* Nine - (9) months,

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* July 4th 1886

*Undertaker,* M. Clarke & Son

*Place of Business,* 92 Do

A. P. Clarke M. D.
Medical Attendant.

*Address,* 305 E. Balto st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92763 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Carolyn Haase

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* 10 *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 73 Harlem av.

*Cause of Death,* First (Primary), Rheumatism Acute (Coll)

Second (Immediate), Endo- & peri- carditis

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Baltimore~~ Loudon Park Cem.

*Date of Burial,* July 2nd 1886

*Undertaker,* John J. Andrews

*Place of Business,* 164 & 166 Druid Hill ave

J. E. Atkinson M. D.
Medical Attendant.

*Address,* 19 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92764 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 30 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes H. Nelson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 250 Aun St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* July 1. 1886

*Undertaker,* Leonhard Kurz *John H. Rehberger* M. D.

Medical Attendant.

*Place of Business,* No 277 S. Bond St. *Address,* 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.].

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92765 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew McCarthy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* ——— *Months,* ——— *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 39 Stockton St

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 or 12 Years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* July 1

*Undertaker,* Walter Immell

*Place of Business,* 315 N. Biddle St

Frank J. Flaherty, M. D.
Medical Attendant.

*Address,* 404 Dr. Hill Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92766 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Eichler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 192 E Bond St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 192 E Bond St

*Cause of Death,* First (Primary), Malnutrition

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* June 30

*Undertaker,* W Lahr

*Place of Business,* 101 S Bond St

E. D. Fulton M. D.
Medical Attendant.

*Address,* 71 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9276 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Rutter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 79 *Years,* ... *Months,* 18 *Days*

*Color,* ...

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore.* Seventy years

*Place of Death,* {Give Street and Number.} Cor Boundary Ave & Charles St

*Cause of Death,* First (Primary), Brights disease

Second (Immediate), ...

*Duration of Last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Philadelphia Pa

*Date of Burial,* July 1st 1886

*Undertaker,* Stewart Thowen

*Place of Business,* 35 Park ave Address.

Wm. Whitridge M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4254 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92768 *Office of Registrar of Vital Statistics.* Ward 15.

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Clinton Wolf.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Found drowned in the Basin at foot of Lee St.

*Cause of Death,* First (Primary), Coroners Jury rendered the verdict

Second (Immediate), of "accidental drowning".

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Balte Cemetery

*Date of Burial,* July 1

*Undertaker,* M Doyle

*Place of Business,* No 200 Charles St

F. J. Flannery M. D.

~~Medical Attendant.~~ Coroner

*Address,* 404 Dr Hillman.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 92769 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 . 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } George F Cobb

*Sex, Male ~~or Female,~~* { Cross out the word not required in this line. }

*Age,* 56 *Years,* — *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Merchant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } No 110 N Carrollton av

*Cause of death,* First, (Primary,) Morbus Brightii 16 years; Hypertrophy of heart & dysentery

Second, (Immediate,) Uraemia - from sudden Suppression of Urine

*Duration of Last Sickness,* Some 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 1st 1886

*Undertaker,* Deaver & Mitchell

*Place of Business,* 556 W Fayette

Robert W. Mifflin M. D.,
Medical Attendant.

*Address,* 188 Saratoga st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...action, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 42770 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUN 30 1900 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 30th 1900

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Thomas Royal C. } Parents

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 hours ~~Years,~~ ~~Months,~~ ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore V

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 823 N. Chase

*Cause of Death,* First (Primary),

Second (Immediate), Premature birth.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* 30th June

*Undertaker,* Wm Jenkins & Sons

*Place of Business,* Park & Laraway's

Wm. A. Fishbridge M. D.
Medical Attendant.

*Address,* 131 N. Charles St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1777

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUN 30 1886 BALTIMORE, MD.

Permit No. 9277 / *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna Davis

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* —— *Months,* —— *Days*

*Color,* Black

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give Street and Number.} Block Lane, Lyttinsen & Broadway

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Pulmonalis

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Centerville Md

*Date of Burial,* June 30th 1886

*Undertaker,* John J. Mackie

*Place of Business,* No 150 Canden St *Address,* Block Lane, Lyttinsen & Broadway

E. Glenn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4255 Hanover

[over.]

...back of this certificate.

# Health Department, City of Baltimore.

Permit No. 92772 *Office of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 30 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Ernest Henderson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* Years, 3 Months, 24 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 3 3/4 yrs

*Place of Death,* {Give Street and Number.} 401 Franklin St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 wk

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* July 1st 86

*Undertaker,* H Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 1211 Madison ave

J W Markland M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 12773

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92773 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 29, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Bridigan (Bridigam)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 3 Wilkens Ave

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 1st 1886

*Undertaker,* John P. Poole

*Place of Business,* 66 Third Ave

Chas Bosley M. D.
Medical Attendant.

*Address,* 319 Wallis

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9277 — *Office of Registrar of Vital Statistics.* — Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday June 29th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith A. Kanoski

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~~ *Years,* 11 *Months,* ~~~~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} Cor of Greenmount ave & Biddle St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion & Convulsions

*Duration of Last Sickness,* 18 Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Mechanic's Town Frederick Co Md

*Date of Burial,* June 30th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Granite Alley

Wilmer Brinton, M. D.
Medical Attendant.

Address, Chas St & Forest Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4256 Transit

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

14

*Permit No.* 92775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank G. Shipley

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 34 *Years,* 9 *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Cooper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md

*Duration of Residence in the City of Baltimore,* About 10 years

*Place of Death,* {Give street and number} 523 Lombard St.

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Sunday 1st 1886

*Undertaker,* Jos B Cook

*Place of Business,* No 707 E Baltimore St

P. S. Judd M. D.
Medical Attendant.

*Address,* 507 W Fayette St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 9276

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

5

Permit No. 9276 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT JUN 30 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Matthews

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* Black.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel County Md

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give Street and Number.} No 4 Jeff. St. bond

*Cause of Death,* First (Primary), Spinal Meningitis

Second (Immediate), Paralysis

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Leeds Church South River Anne Arundel Co Md

*Date of Burial,* July 1st 1886

*Undertaker,* Wm Madden

*Place of Business,* 46 East St

Wm. L. Purnell M. D.
Medical Attendant.

*Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4257 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92777 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 30 1886
PAID

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ella Mosell

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 3 3 *Years,* 1 *Months,* 7 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} Married

*Occupation,* .

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 224 Hanover st

*Cause of Death,* First (Primary), Carcinoma of Liver

Second (Immediate),

*Duration of Last Sickness,* 12 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 1 1886

*Undertaker,* H Ross

*Place of Business,* 975 Eastern Ave

Thos. D. Evans. M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92778 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Sutton

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* 7 *Days*

*Color,* B & O

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B City

*Duration of Residence in the City of Baltimore,* 2 & 7

*Place of Death,* {Give Street and Number.} 158 Warren Ave

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Congestion of Lungs

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 30 1886

*Undertaker,* H. B. Ross

*Place of Business,* 19 Eastern Ave *Address,* Freem & Mulberry

R. W. P. Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92779 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 30 1886 BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th "86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Hooper

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* — *Months,* — *Days.*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Fibro-cystic uterus - (Operation

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year (Three days)

All the above information should be furnished by the Physician.

*Place of Burial,* Taylorsisland Dorchester Co Md

*Date of Burial,* July 2 1886

*Undertaker,* H. Hass

*Place of Business,* 95 Conway *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4258 Transit

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

13

*Permit No.* 92780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 6 30 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lorene Beck

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto Co.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 202 German St.

*Cause of Death,* { First, (Primary,) Insanitation

Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* 1 month about

All the above information should be furnished by the Physician.

*Place of Burial,* Ba Western Cem

*Date of Burial,* July 1st 1886

*Undertaker,* H Lewis Schaefer

*Place of Business,* 109 N Fremont

Dear Lanney M. D.
Medical Attendant.

*Address,* 55 N Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 92781

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH

*Date of Death,* June 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie E. Cook

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ~~Years,~~ 5 *Months,* ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 79 E. N. Wolfe St

*Cause of Death,* First, (Primary.) Enteritis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* July 1st

*Undertaker,* Wm. F. Fry

*Place of Business,* 87 N. Broadway

Gust. Baitman M.D.,
Medical Attendant.

*Address,* 380 E. Fayette

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92782 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delores Roberts

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color* Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 52 Eutaw st

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* Sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 1 1886

*Undertaker,* C. W. Chase

*Place of Business,* 138 Howard st

R. Winslow M. D.
Medical Attendant.

*Address,* 201 W. Biddle st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92783 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JUL 1 1886

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis A. Brambett

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* — *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Mechanic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 25 or 30 years

*Place of Death,* {Give Street and Number.} 85 S. Sharp

*Cause of Death,* First (Primary),

Second (Immediate), Old age

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 2d 1886

*Undertaker,* J. M. Leonard & Son

*Place of Business,* 782 W Baltimore *Address,* 582 W Fayette

W. Rhuck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...especially invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

No. 9278 *Office of Registrar of Vital Statistics.* Ward 12 4

Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 30. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mc Manus

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 79 Laurens

*Cause of Death,* First (Primary), Chronic Atrophy

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* Indefinite

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* July 1/86

*Undertaker,* Chas L. Scuvin

*Place of Business,* 27 N Eutaw *Address,* 19 Cathedral St

J E. Atkinson *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92785 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Dinger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 46. *Years,* 5 *Months,* 10 *Days*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Store-Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 46 Years

*Place of Death,* {Give Street and Number.} * 80 S. Caroline st

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Prostration

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 1st 1886

*Undertaker,* Leonhardt Bro.

*Place of Business,* 131 S. Broadway

C. L. Biddenbohn M. D.
Medical Attendant.

*Address,* 66 S. Dean st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92786 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth White

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ~~*Years,*~~ *Months,* Seven *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 13 Herrings Court

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 1st 96

*Undertaker,* Isaac L. Grace

*Place of Business,* No 142 S Caroline Address, Canton R R

Albert A. Glenn M. D.
Medical Assistant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. B. Seward S. D.

The S... ...ks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92787 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Martin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 5 *Months,* 4 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} E. Fayette near Park Ave.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 8 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 2 d 1886

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans *Address,* 375 E. Balto. St.

E. P. Lowe *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92788 *Office of Registrar of Vital Statistics.* Ward 8 CT

HEALTH DEPARTMENT
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sack

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} Mrs Little Sisters of the Poor

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* July 1st 1886

*Undertaker,* Mc W. Bloodsamp

*Place of Business,* E. Lombard St

Jno Duke Bond M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 1 1 1

# Health Department, City of Baltimore.

Permit No. 12789

*Office of Registrar of Vital Statistics.*

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 30, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Whalen

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 30 minutes *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 38 S Calhoun st

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Asphyxia

*Duration of Last Sickness,* ~~Life~~ 30 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Elkridge Landing

*Date of Burial,* July 1st 1886

*Undertaker,* Wm F. Cook

*Place of Business,* No 707 W Baltimore St

Jam. Bradley M. D.
Medical Attendant.

*Address,* 319 N Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92790 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lessie R Frainer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 25 *Years,* 3 *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1220 Lexington St

*Cause of Death,* First (Primary),

Second (Immediate), Puerperal Fever

*Duration of Last Sickness,* 10 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park Cem

*Date of Burial,* July 2/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 1220 N. Lex St

H. Steiner *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92791 *Office of Registrar of Vital Statistics.* **Ward** 5 2

HEALTH DEPARTMENT JUL 1 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 29, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Sophia Kathmann

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 63 *Years,* 11 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hanover, Germany

*Duration of Residence in the City of Baltimore,* 41 years

*Place of Death,* {Give Street and Number.} 20 Jefferson St.

*Cause of Death,* First (Primary), Malignant Tumor of Abdomen

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Ct

*Date of Burial,* July 1st 1886

*Undertaker,* Henry Korb

*Place of Business,* 313 N Central *Address,* 305 N Caroline St.

Geo A. Hartmann M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92792 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Wahl

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 3 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 24 Ridgely St

*Cause of Death,* First (Primary), ———

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 1 1886

*Undertaker,* C. F. Krauss & Son

*Place of Business,* 209 Park Ave. *Address,* 158 Fremont

Jno D. Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUL 1 1886 REGISTERED

Permit No. 24793 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Burk

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* — *Days*

*Color,* Wht.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

V

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. 126 N. G. Mt. Ave.

*Cause of Death,* First (Primary) Frac. Spinal Column (dorsal

Second (Immediate), region) caused by being struck by York Road Car

*Duration of Last Sickness,* 5 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemy

*Date of Burial,* July 1 st

*Undertaker,* H. C. Windsfeld

*Place of Business,* 100 Greenmt Ave

Alexander Hill M. D.
Medical Attendant.

Address, Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

6 0

**Permit No.** 92794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 1 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

D

*Date of Death,* June 30th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Lowe

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 14 *Days.*

*Color,* white *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 430 E. Chase St.

*Cause of Death,* First (Primary,) .....

Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 2d 1886

Wm Gutsh — M. D.
Medical Attendant.

*Undertaker,* Henry H. Means

*Place of Business,* #22 W. Fayette St Address 1217 Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

...pecially invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 92795

*Office of Registrar of Vital Statistics.* 18 87

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 1 1886 BALTIMORE, MD.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886,

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Stubbins

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* ~~Sixteen~~ *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or~~ Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 70 Ridgley St.

*Cause of Death,* { First, (Primary.) Otorrhoea / Second, (Immediate.) Cerebral Otorrhoea.

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 2d 1886

*Undertaker,* John J. Meacher

*Place of Business,* No 150 Camden St

C. In. Belt, M.D.,
Medical Attendant.

*Address,* 128 Cathedral St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1 1 7 6

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92796 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 1 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley S Wolf

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* 1 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore.* Life

*Place of Death,* {Give Street and Number.} 60 Pulpit St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 1st 1886

*Undertaker,* H Brookowski

*Place of Business,* 257 S Ann

Thos A Hearn M. D.
~~Medical Attendant~~

Address, Camp 66 & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the ~~Burial,~~ a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 92797

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30. 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Paine Frizzoon

~~Sex~~ *Male or* ~~Female~~ { Cross out the word not required in this line. }

*Age,* — *Years,* 8 *Months,* 14 *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~. { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 13 G Linden Av

*Cause of Death,* { First, (Primary.) / Second, (Immediate.) } Cholera Infant.

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetry

*Date of Burial,* July 2nd

*Undertaker,* Charles F Seehorn

*Place of Business,* Eutaw & Rose St

Robt N Johnson M.D.,
Medical Attendant.

*Address,* 64 Franklin St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92798 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Slezek

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 3 N Madeira Aly

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 1/86

*Undertaker,* Frank Leach

*Place of Business,* 249 N Durham St *Address,*

J H Collenberg, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92799 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Frank Trach

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ..... V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 249 N Durham ave

*Cause of Death,* First (Primary), Tetanus Neonatorum

Second (Immediate), Collapsia

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* West Holy Redeemer Cr

*Date of Burial,* July 1 / 86

*Undertaker,* Frank Coach

*Place of Business,* 249 N. Durham *Address,* 249 N Durham ave

Geo Blown M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92800 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate McCauliffe

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* ~~~ *Months,* 2 *Days* 5

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. V

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 5 Aisquith St.

*Cause of Death,* First (Primary),

Second (Immediate), Tetanus Traumaticus

*Duration of Last Sickness,* one (1) day

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters Cy

*Date of Burial,* July 1st 1886

*Undertaker,* Jas P. Burns

*Place of Business,* 63 N. Front St

J. A. Moyer M. D.
Medical Attendant.

*Address,* 1 St. Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

**Permit No.** 92801 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the Death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 1 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Quirk

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} Male

*Age,* 37 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation* Salesman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 1064 N Front st

*Cause of Death,* First (Primary), Rheumatism & Heart

Second (Immediate), .....

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bruns Brae Cy

*Date of Burial,* ~~June~~ July 1st 1886

*Undertaker* Jas P Byrne

*Place of Business,* 63 N Front St *Address,* Same

A. P. P. Gaus *M. D.*
Medical Attendant.
Donnel Pl
Canton

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92802 *Office of Registrar of Vital Statistics.* Ward 54

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Starck

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 ~~*Years,*~~ 3 *Months,* 12 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 94 Lombard

*Cause of Death,* First (Primary), Hydrocephalus acutus

Second (Immediate), Eclampsia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthew's Cem

*Date of Burial,* July 1st 1886

*Undertaker,* J. K. Rassing

*Place of Business,* No 125 Orleans St. *Address,* 245 E. Baltimore

J. Mathews, M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92803 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate A. McMillan

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* 12 *Months,* 25 12 *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* {Give Street and Number.} 47 N. Central Ave

*Cause of Death,* First (Primary), Schirrus Cancer of

Second (Immediate), with Breasts

*Duration of Last Sickness,* Three Years

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem.

*Date of Burial,* July 1, 1886 Lewis B. Cummings M. D.

*Undertaker,* Henry McG Gunn's Medical Attendant.

*Place of Business,* 18 N. Eutaw Address, 75 N. Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92804 *Office of Registrar of Vital Statistics.* Ward 5th

HEALTH DEPARTMENT BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa Matilda Muller

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York.

*Duration of Residence in the City of Baltimore,* 56 years.

*Place of Death,* {Give Street and Number.} 45 Jackson St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross, Cem

*Date of Burial,* July 2. 1886.

*Undertaker,* Henry McG. Grimes

*Place of Business,* 44 & 46 N. Central Ave. *Address,* 35 1/2 Green St Ave

J. H. Robinson, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 12805 *Office of Registrar of Vital Statistics.* Ward 64

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Dornberg

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 16 *Months,* 5 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} x

*Occupation,* x

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} #135 N Eden

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* Twelve days

All the above information should be furnished by the Physician.

*Place of Burial,* Fell Point Cemetery

*Date of Burial,* June 2

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 Light St *Address,*

A Friedenwald M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92806 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sperber

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 51 *Years,* — *Months,* — *Days.*

*Color,* Colich

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Soysars

*Place of Death,* {Give Street and Number.} 23 Moyer st

*Cause of Death,* First (Primary), Acute Pneumonia

Second (Immediate), Asthenia

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mathews Cem.

*Date of Burial,* July 1st 1886

*Undertaker,* H. Sandey & Son. J. W. Elmer M. D.

*Place of Business,* 252 Canton Av. Address, Eager near Wolfe st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92807 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. JUL 1 1886

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louise Rees

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 8 Months, 10 Days

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* S

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} D. C.

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 175 S. Washington ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* July 1st 1886

*Undertaker,* H. Sandy & Son

*Place of Business,* 252 Canton Ave Address, 176 S. Broadway.

Geo. L. Milton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92808 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 1 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Pierce

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 174 S^t Madiera Ally

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* July 2^d 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Ave

J. F. Spicknall M. D.
Medical Attendant.

*Address,* Patterson Park Ave Cor B[illegible]

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92809 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lah May Waska

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 2 *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 12 Orleans St Balt Md

*Duration of Residence in the City of Baltimore,* 2 months 24 days

*Place of Death,* {Give Street and Number.} 12 Orleans St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), "

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 2nd

*Undertaker,* John Lake

*Place of Business,* 201 E. Baltimore

G. E. H. M. D.
Medical Attendant.

*Address,* 57 [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92810

*Office of Registrar of Vital Statistics.*

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Boehm

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 8 *Months,* ..... 5 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U S

*Duration of Residence in the City of Baltimore,* 8 mos

*Place of Death,* {Give Street and Number.} 90 Towson St

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate),

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 2nd 1886

*Undertaker,* E F Pearson & Son

Geo A Staub M. D.
Medical Attendant.

*Place of Business,* 208 Canard St Address, 226 Montgomery.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92811 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hopkins

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co., Md

*Duration of Residence in the City of Baltimore,* 2 Weeks

*Place of Death,* {Give Street and Number.} 50 S. Fulton Ave

*Cause of Death,* First (Primary), Acute Bronchitis

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Ellicott City

*Date of Burial,* July 2 1886

*Undertaker,* Mc Coon

*Place of Business,* Baltimore St

G. Rickert M. D.
Medical Attendant.

*Address,* 515 Pennsylvania Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 9282 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen C. Wilcox

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months.* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 581 Lund Hill Ave

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 2. 1886. } Chas C Yadus *M. D.*

Medical Attendant.

*Undertaker,* Wm. H. Hickman.

*Place of Business,* 234 N. Gay St. *Address,* 581 Lund Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92813 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CHIEF REGISTRY'S OFFICE JUL 1 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H. Henderson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 2 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No. 126 Patapsco Park

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 2nd 86

*Undertaker,* G. Frame

*Place of Business,* 7 Jan & Wolfe St. *Address,* .....

..... *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 9281 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Plevetska

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 190 ½ Jackson's Court

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Athonsus Cem.

*Date of Burial,* July 2nd 86

*Undertaker,* G Bohanc

*Place of Business,* Bank & Wolfe St. *Address,* 743 Alice Anna

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 12815 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 1 1886
BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addison Funk

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ..... V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 419 Hillsdale

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* July 2nd 86

*Undertaker,* G. Francis

*Place of Business,* Frank & Wolfe Sts. *Address,* .....

..... *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 28816 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Young

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No. 4 2nd Bet. Bank & Water

*Cause of Death,* First (Primary), Old age

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cem.

*Date of Burial,* July 2nd 8'

*Undertaker,* G. Franc

*Place of Business,* Franz & Wolf *Address,*

*M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 92817

## Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 1 - 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

B

*Date of Death,* June 30th 1886 P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Roan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 8 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} County Galway Ireland

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give Street and Number.} 123 S. Washington St.

*Cause of Death,* First (Primary), Chronic Gastritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem.

*Date of Burial,* July 2nd 86

*Undertaker,* A. Franc

*Place of Business,* Paca & Wolfe Sts *Address,* 297 E Baltimore

James E Emmitt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92818 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 30/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ray C. Oldy

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 421 Hanbury St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 2nd 1886

*Undertaker,* W. H. Tickner

*Place of Business,* 65 S. Eutaw St *Address,* 15 E. Lanvale St

Jno. D. Blair M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92819 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 1. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard C. Knapp

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 26 Dassafras

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cem

*Date of Burial,* July 2" 1886

*Undertaker,* Wm Tickner

*Place of Business,* 65 S Eutaw *Address,*

Howard Otis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore,

**Permit No.** 92820 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 5 1886
BALTIMORE

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 30th 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. B. Smith

*Sex, Male* ~~or Female.~~ {Cross out the word not required in this line.}

*Age,* 43 *Years,* —— *Months,* 21 *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation* Harness Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death.* {Give street and Number.} # 171 Hughes St

*Cause of Death.* First (Primary), Stomach disease of long Standing

Second (Immediate), Serous Apoplexy

*Duration of Last Sickness,* 10 day

the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* July 2nd "

*Undertaker* B. Harle

*Place of Business,* 42 West St *Address,* 164 Hanover

Geo. H. Dixon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 9282 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Newcomb

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 4 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 31 North St

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ist Presbyterian.

*Date of Burial,* Aug 29.

*Undertaker,* B Hanke.

*Place of Business,* 82 West St *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92822 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HARFORD RUN
JUL 1 1886
BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Clark

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Flagman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give Street and Number.} 372 Ostend St

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* July 3rd 1886

*Undertaker,* Julius Lochner

*Place of Business,* Sharp & Cross *Address,* 151 Hanover St

S C Bunch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92823. *Office of Registrar of Vital Statistics,* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lester St Clair

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* 3 *Months,* ~~~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 81 N Bethel st

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home Cem

*Date of Burial,* July 2nd 1886

*Undertaker,* Edae Wilson

*Place of Business,* Address Cumb & P R

Henry M. McKewen M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M. McKewen, Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

# Health Department, City of Baltimore.

Permit No. 92827 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carrle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 93 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland. ✓

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give Street and Number.} S. E. Cor Fayette & Gilmor

*Cause of Death,* First (Primary), Chronic inflammation

Second (Immediate), of the Liver

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's

*Date of Burial,* July 2nd 1886

*Undertaker,* Jos B Cook

*Place of Business,* 47 N. Paca

Edwd. F. Nicholson M. D.
Medical Attendant.

*Address,* 283 N Limburn

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92825 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Kluiselhoffen

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto,

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 158 S Edens St,

*Cause of Death,* First (Primary), Measles

Second (Immediate), Meningitis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Nathans Cemetery

*Date of Burial,* July 4th 86

*Undertaker,* Michael Funk

*Place of Business,* 85 Bank St *Address,* 52 S Broadway

R W Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92826 *Office of Registrar of Vital Statistics.* Ward 5 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1886 BALTIMORE MD.

B.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 86

*Full Name of Deceased;* {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. S Van Rossum

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md "

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 174 N. Caroline

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 3d 1886

*Undertaker,* Henry W. Mears

*Place of Business,* #22 W. Fayette St. *Address.*

Jno. L Whitelow M. D.

Medical Attendant.

E. Balto Co.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92827 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Elley French

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~ *Years,* 1 *Months,* ~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 1 month

*Place of Death,* {Give Street and Number.} 521 S. Washington St.

*Cause of Death,* First (Primary), Hydrocephalus

Second (Immediate), Eclampsia

*Duration of Last Sickness.* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 2nd 1886

*Undertaker,* Henry W. Myers

*Place of Business,* 422 W. Fayette St. Address.

Geo. A. Hartman M. D. Medical Attendant.

305 N. Caroline St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 1

# Health Department, City of Baltimore.

Permit No. 92828

## *Office of Registrar of Vital Statistics.*

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1 1886 BALTIMORE MD.

# CERTIFICATE OF DEATH. B

*Date of Death,* June 30. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie E Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days*

*Color,* wht

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* most of life

*Place of Death,* {Give Street and Number.} 56 Laurens st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Randelstown Balto Co

*Date of Burial,* July 3d 1886

*Undertaker,* John J Andrews

*Place of Business,* No 486 David Kyle Ave

G Lane Tanyhill M. D.
Medical Attendant.

*Address,* 219 Madison ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this**

# Health Department, City of Baltimore.

**Permit No.** 92829 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

*Date of Death,* July 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Stein

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 90 Eutaw St

*Cause of Death,* First (Primary), Gastro Enteric Catarrh

Second (Immediate), Asthenia

*Duration of Last Sickness,* Two (2) Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* July 3rd 1886

*Undertaker,* Adam Fink & Son

*Place of Business,* 461 W Lay St

120 Stiles M. D.
Medical Attendant.

*Address,* Cor Eutaw & Caroline Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert.**

# Health Department, City of Baltimore.

Permit No. 92830 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HERALD BAPTIST CHURCH
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon L. Williams

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 1 *Day*

*Color,* Col.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 32 S. Dallas Sts.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel bemetery

*Date of Burial,* July 2- 1886

*Undertaker,* McMadden

*Place of Business,* 46 East St. *Address,* 616 W Balto. St.

B. S. Titcomb, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92831 *Office of Registrar of Vital Statistics.* Ward 17c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hanaman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 14 Nicholas St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 2

*Undertaker,* H Lotz

*Place of Business,* 1st & Bond

D H Keating M. D.
Medical Attendant.

*Address,* 224 N. Gay St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 92832 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Sullivan

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 67 Bond St.

*Cause of Death,* First (Primary), Bright's disease — Dropsy

Second (Immediate), Exhaustion —

*Duration of Last Sickness,* — months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery Clerk Van Bibber Asst.

*Date of Burial,* July 2nd 1886

*Undertaker,* James P. Byrne

*Place of Business,* No 69 N Front St *Address,* 4) Jerusalem Rd

W. C. Van Bibber M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92833 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BRANCH DEPARTMENT OF HEALTH 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 8 Months, Days

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B City

*Duration of Residence in the City of Baltimore,* 8 yrs

*Place of Death,* {Give Street and Number.} 186 West

*Cause of Death,* First (Primary), Entero Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 2nd 1886

*Undertaker,* Robt H. Sorrel

*Place of Business,* 198 West St. *Address,* Penn Station

R W & P Edes M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

# Board of Health, City of Baltimore,

Permit No. 92837 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

a

# CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Clinton H. Henrix

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Employee in Jack Factory

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Thirty Two Years

*Place of Death.* {Give street and Number.} At Mrs Anne Dadley's Cor Royal Ave & McMechen St

*Cause of Death.* First (Primary), Chronic Derangement of the Stomach

Second (Immediate), Dissipation

*Duration of Last Sickness,* Death Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 2 1886

*Undertaker* Denny & Mitchell

*Place of Business,* 530 W Fayette

L. G. Spanow M. D.

~~Medical Attendant.~~

Coroner

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Dise[a]s[es] Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92835 *Office of Registrar of Vital Statistics.* Ward 14 1886 D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 30 June, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sabah A. Lee

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Co.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} S. W. Cor. Stricker & McHenry

*Cause of Death,* First (Primary), Old age

Second (Immediate), Softening of Brain

*Duration of Last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 2 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 630 W Fayette

John Hood, M. D.
Medical Attendant.

*Address,* 594 W. Fayette st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92836 *Office of Registrar of Vital Statistics,* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Dickson Mary Dickson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} ~~Male~~ or Female

*Age,* ~~8~~ Years, ~~—~~ Months, 2 Days

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 38 Shuter St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Lone Cemetery

*Date of Burial,* July 23rd 1886

*Undertaker,* C J Locke

*Place of Business,* 428 Lexington St

A L Judge M. D.
Medical Attendant.

*Address,* 361 N Bway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 22837 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT JUL 2 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

(No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 1th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cahrii Bailey

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~~ *Years,* One *Months,* 19 *Days*

*Color,* Colord

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 98 Rabody

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Spasms

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street Cemetery

*Date of Burial,* July 2th 186

*Undertaker,* W. H. Dungel

*Place of Business,* 62 East St. *Address,* Eutaw bet C

H. C. Seward M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92838 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 1. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Gilmore

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Horse Shoer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give Street and Number.} 99 S. Eden st.

*Cause of Death,* First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 3. 1886

*Undertaker,* M. A. Dayer

*Place of Business,* 74 S. Bway

G. G. Lurk M. D.
Medical Attendant.

*Address,* 92 E. Balto st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92839 *Office of Registrar of Vital Statistics.* Ward 6 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 2 1886 BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma McGilton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 502 E. Chase st

*Cause of Death,* First (Primary), Gastric & Intermittent fever

Second (Immediate), also abscess in left ear.

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 3rd

*Undertaker,* A. & R. Bandel

Edwin B. Tenby, M. D.
Medical Attendant.

*Place of Business,* No 8 Point Lane *Address,* 283 N. Eden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92840 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Brown

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* 5 *Months,* 5 *Days*

*Color,* W

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 263 Lee St.

*Cause of Death,* First (Primary), Old age Diarrhoea and

Second (Immediate), General Exhaustion

*Duration of Last Sickness,* 4 or 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olive Cem.

*Date of Burial,* July 2 1886

*Undertaker,* W. J. Tuckner

*Place of Business,* 65 S Eutaw

J. Lyle Smith M. D.
Medical Attendant.

*Address,* 357 Park St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9284 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Schmidt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 72 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 1190 Eastern Ave

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* Two hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemetery

*Date of Burial,* July 3rd 1886

D W Cathell M. D.
Medical Attendant.

*Undertaker,* Fred Gaede

*Place of Business,* 298, Caroline ~~Address~~, 2 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92842 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Connor

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 1-11 mo

*Place of Death,* {Give Street and Number.} 3 Valley St

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* July 3 1886

*Undertaker,* M Ertin Galvez

*Place of Business,* 128 Townsend St *Address,* 171 N Caroline St

*M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92843 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECORDED. AUG 2 1886

## CERTIFICATE OF DEATH.

*Date of Death,* July 1/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Massen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 3 *Months,* ——— *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1210 Monroe St

*Cause of Death,* First (Primary), ———

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shanfer Cemetery

*Date of Burial,* July 2 1886

*Undertaker,* Wilbur M Dorsey

*Place of Business,* 62 East St

L. A. Shiman M. D.
Medical Attendant.

*Address,* 414 N Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 92844 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, JUL 2 1886 BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Walter Murray

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* *Months,* 3 *Days*

*Color,* Colored Brown Skinned

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nil

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 39 Lexington St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 11 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 2d 1886

*Undertaker,* W. Madden

*Place of Business,* 1146 East 2d

Eugene F. Cordell M. D.
Medical Attendant.

*Address,* 223 Orleans St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. ____

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...**

# Health Department, City of Baltimore.

HEALTH DEPT. JUL 7 1886 BALTIMORE MD.

Permit No. 92845 *Office of Registrar of Vital Statistics* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Dawson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 22 *Years,* ____ *Months,* ____ *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ____

*Occupation,* Horseman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Son Count

*Place of Death,* {Give Street and Number.} 12 Wilcox ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* 2 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St Country.

*Date of Burial,* July 3rd 1886

*Undertaker,* Wm J. Gray

*Place of Business* 63 Mulberry st. *Address,* 185 W Fayette

J. W. Chew M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 22846 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 3 1886 BALTIMORE MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Daase

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} F

*Age,* 6 *Years,* *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 42. Park St

*Cause of Death,* First (Primary), [illegible]

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 3rd 1886

*Undertaker,* Ernst Soltmann

*Place of Business,* 181 Sharp St. *Address,* 582 W. Fayette

W. R. McKnew M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

**Permit No.** 92847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Martin Johnson

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* Twenty five *Years,* Four *Months,* Six *Days*

*Color,* White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* Abaut Six years

*Place of Death,* {Give street and number.} No. 30 Pleasant st. Baltimore Md,

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,) General Prostration

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 3d 1886

*Undertakers* Stewart & Mowen

*Place of Business,* 35 Park ave & NE Royal & Boundary aves

J. M. Johnson M. D.
Medical Attendant.

*Address* No. 65 St. Paul st, Baltimore Md,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 92848 *Office of Registrar of Vital Statistics.* Ward 3 1 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A. Perry

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,* Washer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore —

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 7 Bond Alley

*Cause of Death,* First (Primary), Complete incrimination of Brain — Oedema &c

Second (Immediate), Septicemia

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* East Av. Egan Cemetery

*Date of Burial,* July 3d

*Undertaker,* John E Isaac

*Place of Business,* 142 S. Caroline St.

E. C. Button M. D.
Medical Attendant.

*Address,* 5-1 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back o...

# Health Department, City of Baltimore.

Permit No. 92849 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bessie Knight

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* Five (5) *Years,* ~~Five~~ (6) *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Liberian

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 240 Williams St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* Three mos

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 4/86

*Undertaker,* J. J. Cook

*Place of Business,* 1707 W. Balto St. *Address,* 311 N. Lanvale St

T. F. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of th**

# Health Department, City of Baltimore.

**Permit No.** 92850 *Office of Registrar of Vital Statistics.* **Ward** 16th

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 2. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Albecker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 2 *Months,* 4 *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 15 Doran St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 3rd 1886

*Undertaker* Jos B Loch

*Place of Business* No 704 W Baltimore St *Address,* 137 N. Dueen St

R. Bilson *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this**

# Health Department, City of Baltimore.

**Permit No.** 9285 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Daily

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 136 N. Bond St

*Cause of Death,* First (Primary), Phthysis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Between 4 & 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 5/86

*Undertaker,* Chas. J. Bowen

*Place of Business,* 27 N. Eutaw Address.

Thos. J. Latimer M. D.
Medical Attendant.

371 Eutaw Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

# Health Department, City of Baltimore.

Permit No. 92852 *Office of Registrar of Vital Statistics.* Ward 12th

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Ryan

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* ..... *Months,* ..... *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} Hospital of Good Samaritan

*Cause of Death,* First (Primary), Consumption

Second (Immediate), .....

*Duration of Last Sickness,* Don't Know, was only 1½ days in the hospital

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* July 3d 1886

*Undertaker,* Mr. Weaver

*Place of Business,* 202 N. Eutaw *Address,* 201 W. Biddle St

R. Winslow M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 9285

# Health Department, City of Baltimore.

Permit No. 92853

*Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Patrick Welch

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 3 *Months,* *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1 W. Pratt St

*Cause of Death,* First (Primary),

Second (Immediate), Obstruction of the bowels

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 3d 1886

*Undertaker,* Chas P Byrne

*Place of Business,* Depot

J. W. Hook M. D.
Medical Attendant.

*Address,* 75 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92857 *Office of Registrar of Vital Statistics.* Ward 9th

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas S. Willinger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 35 *Years,* 6 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Tobacconist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City since birth

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 335 N Central Ave

*Cause of Death,* First (Primary), Chronic Interstitial Nephritis

Second (Immediate), Uremia

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Ct.

*Date of Burial,* July 5th 1886

*Undertaker,* Henry Hoeth

*Place of Business,* 304 N Central Ave *Address,* City

I H Tolmer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 92853 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 2. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Monica Napoleon

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 1 *Months,* 5 — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* V

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul St

*Cause of Death,* First (Primary), ———

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 3rd 1886

Thos J Ware M. D.
Medical Attendant.

*Undertaker,* Geo Rinehart

*Place of Business,* Health Dept *Address,* 117 St Paul St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

# Health Department, City of Baltimore.

Permit No. 92856 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice W Stinson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} No 10 Aisquith st

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 10 Aisquith St

*Cause of Death,* First (Primary), Tenderness of Digestion

Second (Immediate), Marasmus.

*Duration of Last Sickness,* Nearly Since Birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 4-1886

*Undertaker,* Geo. Schilling

*Place of Business,* Aisquith & Monument Sts

J. Ridgway Finder M. D.
Medical Attendant.

*Address,* 121 E Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of**

# Health Department, City of Baltimore.

Permit No. 92857

*Office of Registrar of Vital Statistics.*

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Norwood

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* his life time

*Place of Death,* {Give Street and Number.} 664 Caroline St

*Cause of Death,* First (Primary),

Second (Immediate), Dysentary

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Montmorency Cem Md

*Date of Burial,* July 3rd 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,*

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4262

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 92858 *Office of Registrar of Vital Statistics.* Ward 15 E 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann. B. Muller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give Street and Number.} 252 Hanover St

*Cause of Death,* First (Primary), ...

Second (Immediate), Endocarditis

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laudenbach Cem

*Date of Burial,* July 6th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* 151 Hanover St

J. C. Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE

Permit No. 92859 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 3/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisca Riedel

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 46 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 5 Months

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 119 N Washington St.

*Cause of Death,* First (Primary), Malarial Poisoning

Second (Immediate), Anaemia

*Duration of Last Sickness,* I think about 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Ch

*Date of Burial,* July 4. 1886.

*Undertaker,* Frank Couch.

*Place of Business,* 249 N. Durham St *Address,* .....

J. H. Ledlenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92860 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D C

*Duration of Residence in the City of Baltimore,* 2 & Years

*Place of Death,* {Give Street and Number.} 923 N Poppleton St

*Cause of Death,* First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 Yr & 7 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 3d

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Fremont *Address,* .....

..... *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...**

# Health Department, City of Baltimore.

**Permit No.** 92861 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 1. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Reutchel

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} American

*Duration of Residence in the City of Baltimore,* 7 mo.

*Place of Death,* {Give Street and Number.} 19 Point St.

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* German United Cemetery.

*Date of Burial,* July 3th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann

Frank D. Fiedler M. D.
Medical Attendant.

*Address,* 107 Bank St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92862 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 3/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Gardner

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 221 S Durham

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 4 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulus Rev. Cemtery

*Date of Burial,* July 4th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Aliceanna

R. W. Manspiel M. D.
Medical Attendant.

*Address,* 60 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...**

# Health Department, City of Baltimore.

Permit No. 92863 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Irene Conoway

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,* ~~Child~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City Since Birth

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 199 Canton Av

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* two months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 4

*Undertaker,* Wm. H. Sisco

*Place of Business,* 1st & Bond

John A. Kehlberger M. D.
Medical Attendant.

*Address,* 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

# Health Department, City of Baltimore.

Permit No. 92864 *Office of Registrar of Vital Statistics* 1886 Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within [illegible] the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death.* July 2 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Webb

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 82 *Years,* 5 *Months,* *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoe Cutter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Del. Sussex Co. Md.

*Duration of Residence in the City of Baltimore.* 50 Years.

*Place of Death,* {Give Street and Number.} 76 Rue

*Cause of Death,* First (Primary), Cerebral Softening

Second (Immediate), Asthenia

*Duration of Last Sickness,* About 2 Years

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* 4 July

*Undertaker,* Wm. Dell Dingel

*Place of Business,* 157 E. Pratt *Address,* 76 Rue

Geo. L. Whiston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

# Health Department, City of Baltimore.

Permit No. 92865 *Office of Registrar of Vital Statistics.* Ward 15"

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death of* said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 2/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridgit Daly

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 34 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 18 years.

*Place of Death,* {Give Street and Number.} 41 York St.

*Cause of Death,* First (Primary), Cancer of

Second (Immediate), Breast

*Duration of Last Sickness,* several years

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Cross

*Date of Burial,* July 4 1886

*Undertaker,* C F Krouse & Son

*Place of Business,* 209 Hanover *Address,* 28 S. Charles St.

Geo Smith M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore.

Permit No. 42866 *Office of Registrar of Vital Statistics* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 3 1886
BALTIMORE MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Prosey Crump

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 7 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} # 226 Boston St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 4 1886

John L. Huck, M. D.
Medical Attendant.

*Undertaker* Geo. Perkins

*Place of Business,* 221 Hanover St. *Address,* Office & Res. [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92867 *Office of Registrar of Vital Statistics.* **Ward** 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M Steiner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* 3 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 203 N Dallas Lombard

*Cause of Death,* First (Primary), ~~Cancer~~

Second (Immediate), Phthisis

*Duration of Last Sickness,* 5 months

**All the above information should be furnished by the Physician.**

*Place of Burial,* Oheb Scholem Cemetery

*Date of Burial,* July 4, 1886. } by Theodore Bork M. D.

*Undertaker,* Stewart & Moore } Medical Attendant.

*Place of Business,* 31 Park ave. } *Address.* 1140 Hollins

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 92868 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Anna Young

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* 5 *Months.* 27 *Days*

*Color,*

*Married, Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Scotland

*Duration of Residence in the City of Baltimore,* 41 years

*Place of Death,* {Give Street and Number.} 218 S. Fremont St.

*Cause of Death,* First (Primary), Hemorrhage from Lungs

Second (Immediate), Consumption

*Duration of Last Sickness,* Two Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 6th 1886

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 Hutaw St Address, 359 Barre st

J. Tyler Smith M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

# Health Department, City of Baltimore.

Permit No. 92869 *Office of Registrar of Vital Statistics.* Ward 24th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 3. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kattie Lahen

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* — *Days.*

*Color,* White.

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 7 Hodges Ct. 5 door from No 18.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* July 5/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. Address, 837 N. Gay St.

C. Parker M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 92870

*Office of Registrar of ~~Vital Statistics~~.*

10—

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa A Webb

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 37 *Years,* 5 *Months,* 16 *Days.*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Mantua Maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 255 Saratoga St

*Cause of Death,* First, (Primary.) Chronic Bronchitis

Second, (Immediate.)

*Duration of Last Sickness,* Eighteen Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 4th 1886

*Undertaker,* Jas. B. Coots

*Place of Business,* No 707 N Baltimore St

James Armitage M.D.,
Medical Attendant.

*Address,* 114 S Paca St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

# Health Department, City of Baltimore.

Permit No. 92871 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm G Eurman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 1 *Months,* ~~*Days*~~

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Gas Fitter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 462 E Hoffman St

*Cause of Death,* First (Primary), Acute Articular Rheumatism

Second (Immediate),

*Duration of Last Sickness,* 10 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* July 4/86

*Undertaker,* Wm S Fry

*Place of Business,* 81 W Broadway

James Bosley M. D.
Medical Attendant.

*Address,* 319 Hoffman St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 92872 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1895 BALTIMORE MD

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Jurebashek

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 233 S. Bond St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Stephens Cemetery

*Date of Burial,* July 3 1895

*Undertaker,* Felix Bros Kowsk

*Place of Business,* 215 S Bond St

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Alice Anna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 92873 *Office of Registrar of Vital Statistics.* Ward 2"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Nolazetski

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~M~~ S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth,

*Place of Death,* {Give Street and Number.} ~~H~~ 36 Thames St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One week

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 3 86

*Undertaker,* Felix Skrodzki

*Place of Business,* 215 S Ann St

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...**

# Health Department, City of Baltimore.

Permit No. 92874 *Office of Registrar of Vital Statistics.* Ward 12th

HEALTH DEPARTMENT BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

54

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* 14 *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Infant Asylum

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 2 / 86.

*Undertaker,* Frank Smith

*Place of Business,* Smith & Hammond. *Address,* Harlem av & Calhoun.

R. H. Goldsmith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...**

# Health Department, City of Baltimore.

**Permit No.** 92875 *Office of Registrar of Vital Statistics.* **Ward** 14

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carroll McKee

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ 1½ *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Child's Hospital

*Cause of Death,* First (Primary), Mal-nutrition

Second (Immediate), ...

*Duration of Last Sickness,* 3 mos 6

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* July 3

*Undertaker,* C. F. B. Lizzard

*Place of Business,* 201 Aisquith ave *Address,* ...

C. H. Brown *M. D.*
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this**

# Health Department, City of Baltimore.

**Permit No.** 92876 *Office of Registrar of Vital Statistics.* **Ward** 14

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

14

## CERTIFICATE OF DEATH.

*Date of Death,* July 1, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Barnes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 7 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Child Hospital

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate),

*Duration of Last Sickness,* 2 Mons

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 3

*Undertaker,* C. H. Blizzard

*Place of Business,* 201 Dean ave *Address,*

C. J. Brau M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 42877 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Healy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 46 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow ~~Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 46 yrs

*Place of Death,* {Give Street and Number.} 123 Balto St

*Cause of Death,* First (Primary), Pulmonary Disease of Heart

Second (Immediate), .....

*Duration of Last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 5th 1886

*Undertaker,* Henry W. Mears

*Place of Business,* #22 W. Fayette St *Address* 10 Broadway

E. H. Pullen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 92878 *Office of Registrar of Vital Statistics.* Ward 6er

HEALTH DEPARTMENT, JUL 3 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Rosenthal

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 7 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 134 N. Chapel

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 3rd 86

*Undertaker,* G. France

*Place of Business,* Paca & Hoffman Sts. *Address,* 375 E. Balto. St.

E. L. Bons M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 92879 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A ~~PROPER CERTIFICATE~~.

HEALTH DEPARTMENT JUL 3 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Micheal Blank

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — 4 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} America

*Duration of Residence in the City of Baltimore,* 2 mo.

*Place of Death,* {Give Street and Number.} Rose St/ no number

*Cause of Death,* First (Primary), Gasto-Enteritis

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Athanasius Cem.

*Date of Burial,* July 3rd 86

*Undertaker,* G. France

*Place of Business,* Dant & Wolke *Address,* 157 Bank St.

Frank C. Fiesler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of Li...**

# Health Department, City of Baltimore.

**Permit No.** 92880 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 3 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Henry Ashman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* 10 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 397 N Dallas St

*Cause of Death,* First (Primary), Typhoid Malarial fever

Second (Immediate), Asthenia

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* N. Asphalt Co

*Date of Burial,* July 4 1886

*Undertaker,* Henry Hook

*Place of Business,* 319 N Central Ave

C. Wahlen M. D.
Medical Attendant.

Address, 397 Central Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 92881 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah H. Schmidt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* ..... *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 51 McElderry St

*Cause of Death,* First (Primary), Puerperal Pyemia

Second (Immediate), Asthenia

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 5th

*Undertaker,* Geo Schilling

*Place of Business,* 7th and Lemmon

Noklowicz M. D.
Medical Attendant.

*Address,* 1 East Caroline St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this...

# Health Department, City of Baltimore.

Permit No. 92882 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. OCT 3 1886 HEALTH DEPARTMENT

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Miller

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} 60 Fremont Ave

*Cause of Death,* First (Primary), Abces of Liver

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* July 4th 1886

*Undertaker,* C. H. Weber

*Place of Business,* 60 Fremont Ave

J. H. Robinson M. D.
Medical Attendant.

*Address,* 751 Fremont Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92883 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Busch

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* — *Months,* — *Days*

*Color,* ed

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give Street and Number.} 61 Whaland-st-

*Cause of Death,* First (Primary), —

Second (Immediate), Consumption

*Duration of Last Sickness,* 7 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* July 4/86

*Undertaker,* Lib Chase

*Place of Business,* 198 S. Howard *Address,* Cond Co. Md

[signature] M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92884 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 - 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Leppert

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 85 - Stirling St -

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 - d

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* July 4

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle St *Address,*

A Jahnke *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92885 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd " 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Maloy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 21 *Days*

*Color,* cd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 47 Parish alley

*Cause of Death,* First (Primary), ,

Second (Immediate), Convulsions

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 4/86

*Undertaker,* H. A Dungue

*Place of Business,* Address, Eutaw & Pratt

E. Thurston Adams M. D.
Medical Assistant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Brown
Inspector

The Special Attention of Physicians is Respectfully Invited to the Rules below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92886 *Office of Registrar of Vital Statistics,* Ward 7C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. B

*Date of Death,* July 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhardt Decker

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* 6 *Months.* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Salesman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 yrs

*Place of Death,* {Give Street and Number.} 309 Aisquith St

*Cause of Death,* First (Primary), Phthisis Pul.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 yr 2

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* July 4 1886.

*Undertaker,* John Kenney John F. Lynch per T.C. M.D. M. D.
Medical Attendant.

*Place of Business,* 382 Orleans *Address,* 1. S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 92887 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

BALTIMORE MD. JUL 3 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd. 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. A. Wittler -

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 57 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Cabinet-Maker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 42 Years.

*Place of Death,* { Give street and Number. } 97 N. Durham Street.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Delirium Tremens -

*Duration of Last Sickness,* About three weeks -

At the above information should be furnished by the Physician.

*Place of Burial,* St Boduis Cem.

*Date of Burial.* July 4th 1886. N. L. Dashiell Jr. M. D., Medical Attendant.

*Undertaker,* John Hervey

*Place of Business,* 882 Orleans St. *Address,* 207 S. Broadways

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 92888 *Office of Registrar of Vital Statistics.* Ward 9c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 3. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliana Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 21 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Cathedral

*Date of Burial,* July 3rd 1886

*Undertaker,* Geo. Ruichaut

*Place of Business,* Health Office *Address,* 129 St Paul St

Thos. F. Kemp M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within y-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause e of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92889 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 2' 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Vaughan

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* nil

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Lifetime

*Duration of Residence in the City of Baltimore,* ~~88~~

*Place of Death,* {Give Street and Number.} 88 N. Front

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem'y

*Date of Burial,* July 3' 1886

*Undertaker,* Jas. L. Byrne

*Place of Business,* 63 Front *Address,* 1418 W. Pratt.

D. Shiell M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92890 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Years 6 Months, Days 7

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 125 Chestnut ally

*Cause of Death,* First (Primary), Inanition from Poverty, Its mother did not nurse it

Second (Immediate), Diarrhea

*Duration of Last Sickness,* about 4 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 4 1886

*Undertaker,* W. W. Madden

*Place of Business,* 46 East St

J. H. Buchanan M. D.
Medical Attendant.

*Address,* 1 E Dunbarton Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. (13)

Permit No. 92891 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Earnest Gabrie

*Sex, Male or Female,* {Cross out the word not required in this line.} male (Bastard)

*Age,* ~ *Years,* ..... *Months,* 7 mos *Days*

*Color,* BLK.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt md

*Duration of Residence in the City of Baltimore,* 7 mos

*Place of Death,* {Give Street and Number.} 22 Boyd St.

*Cause of Death,* First (Primary), Cholera Infantum (Portal)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Shamell Cemetery

*Date of Burial,* July 3d 86

*Undertaker,* Wm Roche Sons

*Place of Business,* 442 East 2d

D Harwood M. D.
Medical Attendant.

*Address,* 436 W. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Bal- Carey and Baltimore St

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92892 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Edw Bourgette

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 196 Eastern Ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Cerebro Pneumonia

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 17th 1886

*Undertaker,* J. E. Haugh

*Place of Business,* 198 Penn. Ave

W. H. Corner M. D.
Medical Attendant.

*Address,* 185 W. Fayette

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore, 9

Permit No. 92893

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

D

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cahn

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months,* —— *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.} V

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 78 Mulberry St.

*Cause of Death,* First, (Primary.) Diarhoea

Second, (Immediate,) Diarhoea

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* July 4th 1886 D. J. Reinhart M. D.

Medical Attendant.

*Undertaker,* Jos. Lenig

*Place of Business,* 382 Orleans St. *Address,* 304 Madison Ave.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 21894 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Albert~~ July 3d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Bannigan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* ..... *Years,* ..... *Months.* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give Street and Number.} 24 Selma Place

*Cause of Death,* First (Primary), Failure of former vale
Close Asphyxia
Second (Immediate), .....

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 4th

*Undertaker,* Emory Perkins

*Place of Business,* .....

J H Buchanan M. D.
Medical Attendant.

*Address,* 1 Edmonds avenue

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92895 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lehnardt Kuss

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Don't Know

*Place of Death,* {Give Street and Number.} Near Little Sisters of the Poor

*Cause of Death,* First (Primary),

Second (Immediate), Strangulated Hernia

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,*

*Undertaker,* M^c Bloodcamp

*Place of Business,*

Rho Brooke Bayne M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92896 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Idus. N. Ellis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} No 26 Williamson

*Cause of Death,* First (Primary), .....

Second (Immediate), Marasmus

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* July 4

*Undertaker,* B. Hall

*Place of Business,* 82 West ff

I. C. Burch M. D.
Medical Attendant.

*Address,* 15 Hanover st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. 13

## Office of Registrar of Vital Statistics. Ward ~~18~~ C

Permit No. 92897

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

Date of Death, July 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Brockton

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 2 Months, / Days

Color, colored

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ~~Child~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 24 Boyd, ab.

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), 3 days

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, July 4 1886

Undertaker, Williams & Turner

Place of Business, 42 Eutaw St

H. H. Weber M. D.
Medical Attendant.

Address, 298 W. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[o

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

13
18

Permit No. 92898 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible], if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 4 1896 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 2-96

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse Willis

~~*Sex,*~~ *Male or* ~~*Female.*~~ {Cross out the word not required in this line.}

*Age,* 40 *Years,* ~ *Months,* ~ *Days,* /

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Butcher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Richmond ~

*Duration of Residence in the City of Baltimore,* 15 yrs ~

*Place of Death,* {Give street and Number.} 5 Booth st

*Cause of Death,* First (Primary), Consumption ~

Second (Immediate), 4

*Duration of Last Sickness,* 7 months ~

All the above information should be furnished by the Physician.

*Place of Burial,* Thorpe St Cemetery

*Date of Burial* July 4 1896

*Undertaker* Wilson & Sons

*Place of Business,* 62 East 25

F. Donaldson M. D.
Medical Attendant.

*Address,* 105 Park Ave ~

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92899 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 2nd July, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ellen Taylor

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* 8 *Months,* 17 *Days*

*Color,* Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co.

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give Street and Number.} 800 Woodyear St.

*Cause of Death,* First (Primary), Tubercular diathesis

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 4 1886

*Undertaker,* William Wenger

*Place of Business,* 62 East

John Hood, M. D.
Medical Attendant.

*Address,* 594 W Fayette st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special attention of Physicians is respectfully invited to the Instructions below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92900 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 29/96.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} adella Thumlin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 327 Fine st.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 327 Fine st

*Cause of Death,* First (Primary), Cerebral hyp-

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Thorpe Cemetery

*Date of Burial,* July 30 1896

*Undertaker,* Williams & Boyce

*Place of Business,* 62 East st

Truman F Hill M. D.
Medical Attendant.

*Address,* 17 N. Carlton av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 92991 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 2 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 2d July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Bechler

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 74 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Geisa. Saxe Weimar - Germany

*Duration of Residence in the City of Baltimore,* 41 years

*Place of Death,* {Give Street and Number.} 174 Saratoga Street

*Cause of Death,* First (Primary), Cancer of the Stomach

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemet

*Date of Burial,* July 4th 1886

*Undertaker,* A Rosenberger

*Place of Business,* 7 Front Liberty *Address,* 211 N Howard Street

A. F. Reinhard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92902 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

— No Permit for Burial can be Obtained without a Proper Certificate.

JUL 2 1886 BALTIMORE

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 3" 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Rice

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 11 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 48 Lancaster St

*Cause of Death,* First (Primary),

Second (Immediate) Accidentally Drowned

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 4

*Undertaker,* Wm. A. Lipscomb

*Place of Business,* 151 E Balto

E H Pullen M. D.
Medical Attendant.

*Address,* 101 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92903 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Klaus

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 75 Fredk Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), (

*Duration of Last Sickness,* 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 4th 1886

*Undertaker,* D. P. Paulus

*Place of Business,* 66 Fred. Ave

Jane Bosley M. D.
Medical Attendant.

*Address,* 319 Holliday

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92904 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. Ann McClean

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 28 *Years,* 4 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Lager Beer Saloon

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} S.W. Cor. Eden & Mulberry

*Cause of Death,* First (Primary), Congestive Chills

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Eighteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* July 5th 1886

*Undertaker,* J. D. Rossing

*Place of Business,* 125 Orleans St *Address,* 299 E. Pratt St

James E. Donnelly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92905 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 4 1886

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Batching

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 120 Lancaster st

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* July 5th 1886

*Undertaker,* G Frances

*Place of Business,* Wolfe & Gough *Address,*

..... M. D.

~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McM Rewen Sanitary Inspr

(over)

# Board of Health, City of Baltimore.

Permit No. 91906 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Marion Ryan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Five *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number.} 231. West Fayette St.

*Cause of death,* First, (Primary,) Accident — Fall,

Second, (Immediate,) Concussion & Inflammation of Brain & spine.

*Duration of Last Sickness,* about 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 5th 1886

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Baltimore Mot

A. C. Fox M. D.,
Medical Attendant.

*Address,* 343. W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92907 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D. Young

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 50 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

*Duration of Residence in the City of Baltimore,* 22 yrs

*Place of Death,* {Give Street and Number.} 353 Cross St

*Cause of Death,* First (Primary),

Second (Immediate), Heart disease

*Duration of Last Sickness,* Some time

All the above information should be furnished by the Physician.

*Place of Burial,* Mark St Cemetery

*Date of Burial,* July 5 1886

*Undertaker,* B Wehrle

*Place of Business,* 698 Lombard St

R. C. Lee M. D.
Medical Attendant.

*Address,* Hanover St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92908 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1886

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Hodges

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} — — —

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 223 Light St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), General Debility

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 5 86

*Undertaker,* Chas. J. Seuren

*Place of Business,* 27 N Eutaw Address, 52 Warren Ave

H. B. Noble M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92909 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT CITY OF BALTIMORE

*Date of Death,* July 3 –

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertruda A Zicker

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 15 Watson St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* July 5th 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton ave

John A Schultz M.D.
Medical Attendant.

*Address,* 2 S Ann Bought to Date

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92910 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~never~~ if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT JUL 4 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Engelman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 379 Orleans St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Meningitis

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* July 5th '86

*Undertaker,* C. J. Farnan

*Place of Business,* Dan'l S. Wolfe Address, 1 So. Eutaw St

J. Gillespie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92911 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible], if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Büttner

~~*Sex,* Male or Female~~, {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 11 *Months,* ~~Days.~~

*Color,* Wht

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 326 S Bond str

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Eclampsia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 4. 86

*Undertaker,* Ellis Brosbowsk.

*Place of Business,* 215 S Bond St *Address,* 245 E Baltimore St.

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 92912 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

# CERTIFICATE OF DEATH.

*Date of Death,* July 3 rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Lilian

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give street and Number.} Marion St # 37

*Cause of Death,* First (Primary), Rheumatic Affection of the heart

Second (Immediate),

*Duration of Last Sickness,* Death Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Ballo = Cemetery

*Date of Burial,* July 5th 1886

*Undertaker* Ph. Seewald

*Place of Business,* 35 S. Eutaw *Address,* # 279 N. Mount St

L. G. Sparrow M. D.
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 92913 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

# CERTIFICATE OF DEATH.

*Date of Death,* Saturday July 3d 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katherine Marie Brown

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* 8 *Months,* ..... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 88 N. Charles St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 5th 1886

Olsen Cash M. D.
Medical Attendant.

*Undertaker* Stewart & Mowen

*Place of Business,* 35 Park Ave. *Address,* Park Ave & Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 92914 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 1886, 8 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Wilhelm von Herman & Elizabeth Rinpes

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* 2 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} Infant

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 21 Albemarle St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels Belair Road

*Date of Burial,* July 6

*Undertaker,* Wm J Schaffer

*Place of Business,* 5 S. Frant St *Address,* 88 E Balto St

A Trepp Sherfey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9291 — *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schleicher

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* Days

*Color,*

*Occupation,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 180 N. Ballay St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsius Cem

*Date of Burial,* July 5th 1886

*Undertaker,* Adam Fink & Son

*Place of Business,* 461 N. Gay St

Wm L. Russell M. D

Medical Attendant.

*Address,* 238 N. Broadway

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish a certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92916 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B Conway

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 3. *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Beech

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 688 S Charles St

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cem.

*Date of Burial,* July 6th 1886 Sherwood Cook M. D.

*Undertaker,* Adam Fink & Son Medical Attendant.

*Place of Business,* 461 W. Gay St *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92917 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Dennis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* One *Years* 7 *Months.* 0 *Days*

*Color,* Light Copper

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* 19 Months

*Place of Death,* {Give Street and Number.} No 280 Eutaw st

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Pneumonia

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 6 1886

*Undertaker,* H. Ross

*Place of Business,* 95 Eastern Ave

Benj F Bohm M. D.
Medical Attendant.

*Address,* Cor Mulberry & Eu

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 12918 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Lankard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give Street and Number.} 245 Howard St.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 5 1886

*Undertaker,* H. Ross

*Place of Business,* 45 Eastern Ave *Address,* 262 Sharp St.

L. McHall M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 92919 — *Office of Registrar of Vital Statistics.* 310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William O'brien

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 62 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 38 years.

*Place of Death,* { Give street and number. } No 2. S. Wolf. st

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2. months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem, | Geo W Backman M.D.,

*Date of Burial,* July 5. 1886. | Medical Attendant.

*Undertaker,* Henry McE Grimes

*Place of Business,* 4 & M. Central | *Address,* 380. E. Fayette st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 92920 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Hockemeyer

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ... *Years,* 3 *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* Father Sawdozen workman & Bohemia nation

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Born at Balto City Emigrant Hamm Germ

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* { Give street and Number. } 47 Garrett Avenue

*Cause of Death,* First (Primary). born very delicate —

Second (Immediate). Marasmus. — my Small.

*Duration of Last Sickness,* all it life. Heart-murmur

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* July 5th 86 E H Damrey M. D.

Medical Attendant.

{ *Undertaker* Jos. C. Schuh

*Place of Business* 265 Alice ave. Address, 1227 E. Monument

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9292 / *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Sinskey

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State of country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} # 5 Spruce Alley

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 6th 86

*Undertaker,* John H. Rehberger M. D.

Medical Attendant.

*Place of Business,* 265 Alice ann ~~st~~ 243 Alice anna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92922 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 1886
BALTIMORE

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 5 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Harris

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* ——— *Months,* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 8 Pacific Court,

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 5 1886

*Undertaker,* William N Dorsey

*Place of Business,* 62 East

J. H. Robinson M. D.
Medical Attendant.

*Address,* 251 Gilmor Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92923 *Office of Registrar of Vital Statistics.* Ward 4

JUL 5 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, to the Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 4 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~ Male

*Age,* ~ *Years,* 7 *Months,* ~ *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* 2nd - 0.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Towson Balto -

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 110 N. Hugh St

*Cause of Death,* First (Primary), ~~Cholera Infantum~~ Cholera Infantum

Second (Immediate), Asthenia.

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 5 1886

*Undertaker,* William V Dorsey

*Place of Business,* 62 East St

D. Stuart M. D.
Medical Attendant.

*Address,* 1118 Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Reverse Side of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 92924 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday July 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cassell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* — *Months,* — *Days,* 1

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

*Duration of Residence in the City of Baltimore,* About 20 years

*Place of Death,* {Give street and Number.} 29 Martin Alley

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,) Debility

*Duration of Last Sickness,* About one month

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetery

*Date of Burial,* July 5 1886

*Undertaker,* William N Dorsey

*Place of Business,* 62 East 8th

H L Eastman M. D., Medical Attendant.

*Address,* 4 North Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92925 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH. B

*Date of Death,* July 3

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Schwaab

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} No 115 Plum alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 5

*Undertaker,* J. Poole

*Place of Business,* 82 West St.

J. C. Bands M. D.
Medical Attendant.

*Address,* 15 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92926 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE 1886

## CERTIFICATE OF DEATH.

C

*Date of Death,* Aug 4th 1886

*Full Name of Deceased,* {Write legibly, and spell correctly. If an infant not named, give names of parents.} Johnnie Dolan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 192 N Holliday

*Cause of Death,* First (Primary), Lung inflammation

Second (Immediate), exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* 182 N. Holliday St

*Date of Burial,* Aug 5th 1886

*Undertaker,* W. J. Shaeffer

*Place of Business,* 454 Shroud *Address,* 192 N Calvert

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92927 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rigney Hussey

*~~Sex, Male or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* / *Months,* 20 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 5 Rice St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemy

*Date of Burial,* July 5th 1886

*Undertaker,* W. W. Simpers

*Place of Business,* Address, 1 East Lombard

Thos. H. Hewes M. D.
Medical Attendant
Inspector

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92928 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Norris

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* 10 *Months,* 23 *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* Nurse

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co Maryland

*Duration of Residence in the City of Baltimore,* 74 years

*Place of Death,* {Give Street and Number.} 124 n Exeter

*Cause of Death,* First (Primary),

Second (Immediate), Old age

*Duration of Last Sickness,* 5 Months helpless

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Loudon Park~~ Mt Olivet Cem

*Date of Burial,* July 5th 1886

*Undertaker,* Denton & Mullen

*Place of Business,* 530 W Fayette St

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 n Exeter st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92929 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Dare Duvall

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 6 Months, 20 Days

*Color,* Wht.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 374 Lanvale st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* July 6th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W Fayette St

J Harvey Hill M. D.
Medical Attendant.

*Address,* 117 Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 92930 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine B Rysham

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* *Months,* *Days,*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 275 Druid Hill av

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) Hemorrhage of Lungs

*Duration of Last Sickness,* Has coughed for a year Death sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* July 7th 1886

*Undertaker,* Wm Weaver

*Place of Business,* 202 W Saratoga St

C Winslow M. D.,
Medical Attendant.

*Address,* 23 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92731 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Fetel D

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 224 E. Chase

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* About a week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem'y

*Date of Burial,* July 5 1886

*Undertaker,* Henry Heath

*Place of Business,* 304 N. Central Av. *Address,* Bway & Barney St

J. B. Schwatka M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 12932 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Beck

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} ~~Male~~ D

*Age,* ~~—~~ *Years,* 1 *Months,* 14 *Days*

*Color,* Col^d

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul St

*Cause of Death,* First (Primary),

Second (Immediate), Entero Colitis

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 5th 1886

*Undertaker,* Geo. Lurman & Co

*Place of Business,* 20 Light St

Thos. J. Ward M. D.
Medical Attendant.

*Address,* 127 St Paul

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore, 1886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 92933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank le McKnight

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* House Sealer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dun Junt 12

*Duration of Residence in the City of Baltimore,* Five Years-

*Place of Death,* {Give street and number} 16 Westfield St

*Cause of Death,* First, (Primary,) Enteritis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* About 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 5 1886

James S. Feltz M. D.
Medical Attendant.

*Undertaker,* Evans & Spence

*Place of Business,* 60 E. Balto St

*Address,* 182 Saratoga St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No 92934 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm W. Willers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Infant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give street and Number.} 106 Mosher

*Cause of Death,*
First (Primary), Dentition
Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 5th

*Undertaker* J. B. Cook

*Place of Business,* 707 West Balt Address, 506 Mad. Ave

J. D. Christian M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92935 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4 '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. W. Trader

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 42 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,* Inspector

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Wicomico Co. Md

*Duration of Residence in the City of Baltimore,* 19 Yrs

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Opium poisoning (Suicidal)

Second (Immediate), Failure of Respiration

*Duration of Last Sickness,* Seven hours

All the above information should be furnished by the Physician.

*Place of Burial,* Wicomico Co. Md.

*Date of Burial,* July 6/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto St. Address,

H. Friedenwald M. D.
Medical Attendant

City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Transit 42 64

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

(14)

Permit No. 12936 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1886 BALTIMORE

73

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Bell Carey

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... *Months,* 18 *Days.*

*Color,* White.

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give Street and Number.} 57 S. Fulton St

*Cause of Death,* First (Primary), Imperfect development

Second (Immediate), Defective nutrition

*Duration of Last Sickness,* since birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* July 4th 1886

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Balt St *Address.*

T. F. Miles M. D.

Medical Attendant.

Address. 817 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 92937 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

*Date of Death,* 4th July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Dunkerley

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Back

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 101 S. Shakespeare

*Cause of death,* First, (Primary,) Cholera Inf.

Second, (Immediate,) .....

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem. New Castle

*Date of Burial,* July 6/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 1 Waverly Terrace *Medical Attendant,* ..... *M. D.,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92938 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Heltzwinda

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 56 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 yrs

*Place of Death,* {Give Street and Number.} 113 Mulliken st

*Cause of Death,* First (Primary), Intemperance

Second (Immediate),

*Duration of Last Sickness,* Suddenly

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 6th 1886

*Undertaker,* John Abenroth M. D.

*Place of Business,* 382 Orleans Address, 16 H Brune

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92989 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Douglas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* Three *Months,* 0 *Days*

*Color,* Light Copper

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give Street and Number.} No 35 Walnut Alley

*Cause of Death,* First (Primary), Hot Weather

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 5th 1886

*Undertaker,* A&F Kunsley

*Place of Business,* 116 Orchard st

Benj F Bohm M. D.
Medical Attendant.

*Address,* Cor Mulberry & Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 72940 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Irvine

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 310 W. Hoffman St

*Cause of Death,* First (Primary), Anemia Ulceration

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Some days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 5 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St

J. E. Atkinson M. D.
Medical Attendant.

*Address,* 19 Eastern Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore. 12

Permit No 92941 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 5 1886

# CERTIFICATE OF DEATH. B

*Date of Death,* July 3 "7

*Full Name of Deceased,* { White legibly and spell correctly. If an Infant not named, give names of parents. } Lola E. Addison

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 5 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } V

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death.* { Give street and Number. } # 5 Bolton Alley

*Cause of Death.* First (Primary). Cerebral congestion (Active) due to fall on the head

Second (Immediate). Exhaustion.

*Duration of Last Sickness,* 1 WEEK

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 5 1886

*Undertaker* Alex Kennedy

*Place of Business,* 116 Orchard st

John E. Huck M. D.
Medical Attendant.

*Address,* Cor Wesley Ave & Edmondson

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92942 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Gately

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 34 So Broadway

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* July 7th 86

*Undertaker,* E. Franco

*Place of Business,* Pantr & Wolfe Co. *Address,* 52 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death; to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92943 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Tuckey Fuchs

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* 29 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 1117 N. Eastern Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three (3) Days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 5th 86

*Undertaker,* G. Franc

*Place of Business,* 9 Bank & Wolfe

Wm Alma M. D.

Medical Attendant.

*Address,* 1117 Eastern Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92944 *Office of Registrar of Vital Statistics.* Ward 1 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shane

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* 8 *Months,* *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ire.

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 436 Caroline ad

*Cause of Death,* First (Primary), Measles - Bronchial pneumonia

Second (Immediate), Asthenia

*Duration of Last Sickness,* 20 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 5th 86

*Undertaker,* G. O Frazer

*Place of Business,* Pratt & Wolfe *Address,* 77 S. Bond ave.

Geo. L. Winters M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 02945 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* seven *Months,* five *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 45 Jefferson St

*Cause of Death,* First (Primary), Anemia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary.

*Date of Burial,* July 5th

*Undertaker,* John E. Grace

*Place of Business,* 142 S Caroline St.

Francis A. Sauer M. D.
Medical Attendant.

*Address,* 105 N. Central Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause d date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

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Permit No. 42946 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J. Cooper

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Oyster shucker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 17 yrs.

*Place of Death,* {Give Street and Number.} 70 Gibbs St.

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Lowe's Cemetery

*Date of Burial,* July 5 1886

*Undertaker,* William Downey

*Place of Business,* 62 East St

Alexander Hill M. D.
Medical Attendant.

*Address,* Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92947 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellen Bromwell

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* 5 *Months,* *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 81 Hamstead st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Old B. G.

*Date of Burial,* July 5. 1886

*Undertaker,* M. A. Dwyer

*Place of Business,* 94 S. Bway, *Address,* 21 Broadway

R. W. Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92948 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 5 1886 BALT.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1886. a

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Whitehurst

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S.

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 87 N. Carlin St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 5th 1886

*Undertaker,* J. W. Raring

*Place of Business,* No 125 Orleans St

H. T. Reynolds M. D.
Medical Attendant.

*Address,* 186 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92749 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Baltimore July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Kepner Henry (Parents)

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* 18 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 129 S Spring St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* July 5th 1886

*Undertaker,* Wm F Schaffer

*Place of Business,* 58 Front St

Thos A Clemens M. D.

~~*Address,*~~ Cor Fleet & Ann

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Chas A Clemens

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92950 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia T. Tyrrell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* 6 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 692 S. Marketst

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate), Marasmus

*Duration of Last Sickness,* Eight (8) months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 5th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Shaefer & Gross

H. Tolson M. D.
Medical Attendant.

*Address,* 1927 Caroline St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92951 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Gorera

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 ~~*Years,*~~ 3 *Months,* 17 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} # 35 Holbrook Ct

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Twelve Days (12)

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 5 /86

*Undertaker,* H. A. Wiedefeld

*Place of Business,* 100 Greenmt Ave

J. E. Willett M. D.
Medical Attendant.

Address, 46 East Preston St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92952 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1886

*Date of Death,* July 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Riley

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 49 years.

*Place of Death,* {Give Street and Number.} 249 Forest st.

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 5/86

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Fremont Ave

Edward P. McDevitt M. D.
Medical Attendant.

*Address,* 624 Aisquith st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 22959 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Meehan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 11 *Months,* 2 ——— *Days*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} America

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 82 Block

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exaustion

*Duration of Last Sickness,* 3 wks & 4 ds

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemtry.

*Date of Burial,* July 6th 1886

Frank C. Bressler M. D.
Medical Attendant.

*Undertaker,* Wm Nicholaus

*Place of Business,* 258 Alice Ann *Address,* 107 Bank St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 92754 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bundy

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 9 *Months,* 3 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} [redacted]26 Orem Church

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) Dropsy (General)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn

*Date of Burial,* July 5 1886

*Undertaker,* S W Chase

*Place of Business,* 198 Harford Av

F A Gillis M. D., Medical Attendant.

*Address,* 1811 W Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92955 *Office of Registrar of Vital Statistics,* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred L. Price

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 4 *Months,* 16 *Days.*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Copper Paint Operative

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since born.

*Place of Death,* {Give Street and Number.} 55 S. Caroline Ave.

*Cause of Death,* First (Primary), Consumption.

Second (Immediate), Inflammation.

*Duration of Last Sickness,* 2 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 6th 1886

*Undertaker,* J. M. Leonard & Son

*Place of Business,* 72 N. Bolton *Address,* 837 N. Patterson Park Ave

J. F. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92956 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. N. Disco

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Mariner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1224 Hamburg St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Inanition

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 6th 1886

*Undertaker,* Armistead Denny

*Place of Business,* 263 Light St *Address,* 151 Hanover St

I C Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92957 *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 5- 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Rossbach

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 1 *Months,* 7 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U.S.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 238 Montgomery

*Cause of Death,* First (Primary), Gunshot Wound in Brain

Second (Immediate), Shock + Internal Haemorrhage

*Duration of Last Sickness,* 2 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 7th 1886

*Undertaker,* Armstrong Bro

*Place of Business,* 963 Light

Geo A Strauss M. D.
Medical Attendant.

*Address,* 226 Montgomery

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92958 *Office of Registrar of Vital Statistics.* Ward 9 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 - 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beccio Matringola

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 45 *Years,* — *Months,* — *Days*

*Color,* Whit-

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy.

*Duration of Residence in the City of Baltimore,* Seven Months

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Heart Failure

*Duration of Last Sickness,* Unknown. —

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* July 5th 1886

*Undertaker,* New Fenian Hons

*Place of Business,* Park Maratyn Address, City Hospital —

H. Friedenwald M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92959 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 3

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Rock

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single*, *Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} No. 10 S. Central Ave

*Cause of Death,* First (Primary), Pseuds Membranous Laryngitis

Second (Immediate), Apnoea

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross, Lonaconing

*Date of Burial,* July 6, 1886

Frank C. Bressler M. D.

Medical Attendant.

*Undertaker,* Henry McGinnis

*Place of Business,* 8 N. Central Ave *Address,* 107 Bank St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92960 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE, MD.

03

## CERTIFICATE OF DEATH.

*Date of Death,* 4th July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie O Richardson

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 11 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 275 McCulloh St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 7th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 556 W. Fayette Address. 314 Madison Ave

H. W. Owings M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 92961 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUL 6 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie I. Pollard

*Sex,* ~~Male~~ or Female. {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Kings Georges Co. Va

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death.* {Give street and Number.} # 229 Argyle Ave

*Cause of Death.* First (Primary). Septicaemia (Puerperal)

Second (Immediate). Exhaustion

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 6th 1886

*Undertaker* Chas. T. Scriven

*Place of Business,* 271 N. Eutaw St. *Address,* Argyle Ave & Dukeland

Wm. L. Luck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

18 13a

Permit No. 92962 *Office of Registrar of Vital Statistics.* Ward

HEALTH DEPARTMENT BALTIMORE, MD. 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Myers Jr

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* 11 *Months,* 4 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 33 Wyeth St

*Cause of Death,* First (Primary), Phthisis Pulmonis

Second (Immediate), Asthenia

*Duration of Last Sickness,* over 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park

*Date of Burial,* July 6th 1886

*Undertaker,* A. Rohde

*Place of Business,* 48 Penna avenue

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 92963 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome M. Shobridge

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 61 *Years,* 7 *Months.* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Insurance Agt.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Mass.

*Duration of Residence in the City of Baltimore,* 17 years.

*Place of Death,* {Give Street and Number.} 313 Lafayette Ave.

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* about 9 or 10 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 6th 1886

*Undertaker,* Henry S Mitchell

*Place of Business,* 550 W. Fayette St. *Address,* 645 W Lombard St

H. H. Goodman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92964 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Franklin Scott

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1 N Mount St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 6/86

*Undertaker,* Denby & Mitchell

*Place of Business,* 530 N Fayette

James Bracky M. D.
Medical Attendant.

*Address,* 319 Hollins

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92965 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael McGuire

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

*Age,* 9 *Years,* 8 *Months,* 7 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltmore, Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 7 Cuba st (Basin at Bello Fountain)

*Cause of Death,* First (Primary), Accidental drowning

Second (Immediate), Asphyxia.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 6th 1886

*Undertaker,* Daniel Flynn

*Place of Business,* 11 S. West St

Frank J Flannery M. D.

~~Medical Attendant.~~ Coroner

*Address,* 1104 Dr. Still Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92966

## Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Griffin,

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland, (in U.S. 18 yrs)

*Duration of Residence in the City of Baltimore,* 18 years.

*Place of Death,* {Give Street and Number.} 593 Hanover St.

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery. ✓

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Cross roads Cemetery

*Date of Burial,* July 6th 86

*Undertaker,* Daniel Flynn

*Place of Business,* 169 West St

R. J. N. Tall, M. D.
Medical Attendant.

*Address,* 152 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92967 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUL 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Scherer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 6 *Months,* — *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 187 S. Bond st.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Consumption

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* July 6

*Undertaker,* A. Appel

*Place of Business,* 201 S. Bond

Medical Attendant. M. D.

*Address,* 148 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92968 *Office of Registrar of Vital Statistics* Ward 15

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. 13

*Date of Death,* July 4 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wallace

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 12 Peach alley

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Church Steamboat

*Date of Burial,* July 6 1886

*Undertaker,* H. Rac SS

*Place of Business,* 92 Centre St

E. L. Boze M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92969 *Office of Registrar of Vital Statistics.* Ward 15 (

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 5th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd Jones.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this liue.}

*Occupation,*

*Birth Place,* {State or country, and how loug lu the United States, if of foreign birth.} MS

*Duration of Residence in the City of Baltimore,* 2 Mos

*Place of Death,* {Give Street and Number.} 8 Ricket Ct.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bloomingdale

*Date of Burial,* July 6 1886

*Undertaker,* H Rocks

*Place of Business,* 93 Eastern Ave

Geo A Staus — M. D.
Medical Attendant.

*Address,* 226 Montgomery St —

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92970 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Seegrist

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 5 *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 271 S. Durham st

*Cause of Death,* First (Primary), Measles

Second (Immediate), Meningitis

*Duration of Last Sickness,* 48 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 6 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Av

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Square

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92971 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lourdes Boerner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 4 *Months,* ... *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 4

*Place of Death,* {Give Street and Number.} 20 S. Bond

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical cem

*Date of Burial,* July 6 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Eastern Av

Geo L. Whitelow M. D.
Medical Attendant.

*Address,* 77 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92972 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George John Rapfold

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 22 *Months,* ..... *Days*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 220. N. Durham St-

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Malaria Fever-

*Duration of Last Sickness,* 10. Days-

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* July 6th 1886

*Undertaker,* H. Saunders & Son

*Place of Business,* No 250 & 252. Canton av

Wm. L. Russell M. D.
Medical Attendant.

*Address,* 938 N Broadway-

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92973 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Rich-

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* ——— *Months,* ——— *Days*

*Color,* Black.

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 32 Bedford alley

*Cause of Death,* First (Primary), Paralysis - Complicated by Phthisis

Second (Immediate), Exhaustion -

*Duration of Last Sickness,* 18 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 7

*Undertaker,* Michael Doyle

*Place of Business,* 1200 S Charles St

Frank J Flannery M. D.

~~Medical Attendant.~~ Coroner.

*Address,* 1104 Dr. Hill Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92974 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

13

## CERTIFICATE OF DEATH.

*Date of Death,* July 5, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary H Coovell

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 601 W Lombard

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* 0 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 6th 1886

*Undertaker,* S M Leonard & Son

*Place of Business,* 782 W. Baltimore *Address.*

James Bosley M. D.
Medical Attendant.

319 N Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92975 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 6. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Aloysius Gerns

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 7 *Days*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul St

*Cause of Death,* First (Primary), .....

Second (Immediate), Diarrhea

*Duration of Last Sickness,* a week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 6th 1886

Thos. F. Ward M. D.

Medical Attendant.

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office *Address,* 127 St Paul St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92976 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eva Boyle

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Artiste

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Chambersburg Pa.

*Duration of Residence in the City of Baltimore,* 16 months

*Place of Death,* {Give Street and Number.} 116 E. Chase St.

*Cause of Death,* First (Primary), Acute Gastritis

Second (Immediate), Heart clot

*Duration of Last Sickness,* 10 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross.

*Date of Burial,* July 6. 1886.

Jno. Brooke Boyle M. D.
Medical Attendant.

*Undertaker,* Wm. H. Hickman.

*Place of Business,* 2340 N. Gay St. *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name; sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92977 *Office of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Burke

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 168 Exeter St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 6th

*Undertaker* H. C. Wiedefeld

*Place of Business,* 100 Fremont Ave *Address,* 171 N Caroline

Geo. B. Reynolds M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92978 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 6 1886

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lad Flannagan

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ~~Years,~~ 6 *Months,* ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 117 Marshall Ave

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* F. H. Ave C

*Date of Burial,* July 6

*Undertaker,* B. H. Hall

*Place of Business,* 82 West St *Address,* 116 Marshall Ave

Thomas Lee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

HEALTH DEPARTMENT, JUL 6 1886, BALTIMORE, MD.

Permit No. 92779 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PHYSICIAN'S CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo G. Hulter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 520 Hanover

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Congestion of the Lungs & Stomach

*Duration of Last Sickness,* 23 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Center,

*Date of Burial,* July 7.

*Undertaker,* B Hauke,

*Place of Business,* 82 West Pratt *Address,* 520 Hanover

Signed C. F. [illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92980 *Office of Registrar of Vital Statistics* Ward 18

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Meurer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 31 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 410 E. Lombard St.

*Cause of Death,* First (Primary), Apoplexia cerebri

Second (Immediate), Paralysis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial* July 7th 1886

*Undertaker,* Peter Frey

*Place of Business,* 91 Eutaw Av *Address,* 245 E. Baltimore

J. Slattery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92981 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE

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## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred D. C. Weber

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* about 45 Years, *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Unknown

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} University of Maryland Hospital

*Cause of Death,* First (Primary), Second (Immediate), Suicide by jumping out Hospital window

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Schuylkill Haven Pa.

*Date of Burial,* July 7th 1886

*Undertaker,* John D. Weber

*Place of Business,* Schuylkill Haven Pa. *Address,*

L. G. Spanow M. D.
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4466 Transit

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92982 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 4 — 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Locks

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* — *Months,* — *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto., Md. — Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No. 4 Sholt Alley

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* 1 = 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 6 — "86.

*Undertaker,* Thos. J. Locks

*Place of Business,* 73 Jefferson

Alexander Hill M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92983 *Office of Registrar of Vital Statistics* 1886 Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawra Hammerlyn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* 15 Years.

*Place of Death,* {Give Street and Number.} 65 Parkin St.

*Cause of Death,* First (Primary),

Second (Immediate), Cancer of Breast.

*Duration of Last Sickness,* Three (3) Years.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Ballo Cemetery

*Date of Burial,* July 7

*Undertaker,* C. B. Fields

*Place of Business,* 60 Carroll Ave

A. L. Skinner M. D.
Medical Attendant.

*Address,* 347 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92984 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 5, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hobbs

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 71 Freelc ave

*Cause of Death,* First (Primary), Inflammation of Brain

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie brea

*Date of Burial,* July 7th

*Undertaker* John F Cowan

*Place of Business,* 89 Hollins st

James Bosley M. D.
Medical Attendant.

*Address,* 310 Hollins ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92985 *Office of Registrar of Vital Statistics.* Ward 6 2 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ringrose

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 73 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} No. 75 N. Broadway

*Cause of Death,* First (Primary), .....

Second (Immediate), Dropsy

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* July 7. 1886

*Undertaker,* Henry McGinnis

*Place of Business,* 8 N. Central Ave *Address,* .....

..... *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore,

Permit No. 92986 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank & Amelia Carroll Parents

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 12 Days,

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Jordan Alley No 29

*Cause of Death,* First (Primary),

Second (Immediate), Insanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* West Sub County

*Date of Burial,* July 6 '86

*Undertaker* G C Keener

*Place of Business,* 30 Holland Ave

E. G. Sparrow M. D.
Medical Attendant.
Coroner

*Address,*

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**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92987 *Office of Registrar of Vital Statistics.* Ward 3-0-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie L. Brenner

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 28 Bank St.

*Cause of Death,* First (Primary), abscess

Second (Immediate), convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* July 7/86

*Undertaker,* Mitchell Bros

*Place of Business,* 35 Bank St

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 12711

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 12788 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 6 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam & Kate Seibert (Parents)

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 158 S Eden Street

*Cause of Death,* First (Primary), Premature Birth,

Second (Immediate), Asthenia,

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* July 6 /86 James A Clements M. D.

*Undertaker,* Michael Funk [redacted]

*Place of Business,* 35 Bank St *Address,* Canton Ave & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92989 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elon J. Way

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 75 Years, — Months, — Days

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Physician

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Chester Co. Penn.

*Duration of Residence in the City of Baltimore,* 17 Years

*Place of Death,* {Give Street and Number.} 19 S Broadway

*Cause of Death,* First (Primary), Embolism (Cerebral)

Second (Immediate), Hemiplegia

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Delaware City Del

*Date of Burial,* July 8th 1886

*Undertaker,* Denny J Mitchell

*Place of Business,* 682 S Broadway Address. 51 S Broadway

E. M. Chilton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4267 Frankst

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92990 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa W L Thomas (Parents)

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* ~~ Years, ~~ Months, 6 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 84 Lancaster Street

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* one hour

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* July 6 1886

*Undertaker,* Wm Nicholas

*Place of Business,* 258 Aisquith Address, Camp & Fayette

M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92991 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 4th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Slaughter

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* ~~*Months,*~~ ~~*Days*~~

*Color,* Brown

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 8 Elder alley

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Shark Pt

*Date of Burial,* July 6th 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard

I. F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92992 *Office of Registrar of Vital Statistics,* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Ringgold

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} f

*Age,* 44 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} #47 Orchard St.

*Cause of Death,* First (Primary), Carcinoma of left breast (primary)

Second (Immediate),

*Duration of Last Sickness,* 12 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 7th 1888

*Undertaker,* Alex. Dennis

*Place of Business,* 116 Orchard St. *~~Address,~~* 403 Bond St. Fells Pt.

M. J. Irwin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92993 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Meed

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 101 S. Bond St

*Cause of Death,* First (Primary), Convulsions (Internal)

Second (Immediate),

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem'y

*Date of Burial,* July 6 86

*Undertaker,* Felix Broskowski

*Place of Business,* 215 S Ann St *Address,* 743 Aisquith

John H Kitzberger M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92994 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Rose

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days*

~~Race~~ Color, Colored

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 154 N. Dallas

*Cause of Death,* First (Primary), Puerperal Stat

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick cemetery

*Date of Burial,* July 7th 1886

*Undertaker,* Wm. McGuigee

*Place of Business,* 62 East, St.

J. B. Schwatka M. D.
Medical Attendant.

*Address,* Bway & Barney

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92995 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 7/6/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Liggett

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 20 *Days*

*Color* Ed

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 41 Biddle ave.

*Cause of Death,* First (Primary), Exhaustion

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St cemetery

*Date of Burial,* July 8th 1886

*Undertaker,* Wm A Purnell

*Place of Business,* 62 East St

G A Fleming M. D.
Medical Attendant.

*Address,* 92 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92996 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6 1886,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bittenzain

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 8 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 84 Harrison St.

*Cause of Death,* First (Primary), Imperforated rectum

Second (Immediate), Peritonitis

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* July 7 1886

*Undertaker,* H. & W. Gunder

*Place of Business,* W. Central Av. *Address,* 133 N. Eutaw St

F. Holtkamp M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9297 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Lee

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* Five *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 58 Welcome Alley

*Cause of Death,* First (Primary), Chol. Infm

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about one Month

All the above Information should be furnished by the Physician.

*Place of Burial,* W. Pub. Cem.

*Date of Burial,* July 7th 1886

*Undertaker,* F. A. Kirchner

*Place of Business,* Health Office Address, Southern Dispensary

Julius Hall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92998 *Office of Registrar of Vital Statistics* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Hausam

*Sex, Male or Female,* {Cross out the word not required in this line.} Female (Hausam)

*Age,* 5 *Years,* *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md City

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give Street and Number.} # 146 S Duncan Alley

*Cause of Death,* First (Primary),

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 7th 86

*Undertaker,* G. L. France

*Place of Business,* [illegible] *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 92999 *Office of Registrar of Vital Statistics* Ward 24

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 6/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Christopher Seybour

*Sex, Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 1 *Days.* 14

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Child

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 121 Canton St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Cholera Infantum.

*Duration of Last Sickness,* 9 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 7th 86

*Undertaker,* G. France

*Place of Business,* 9 Jones & Wolfe Sts *Address,* 224 Elliott St Canton

D.H. Jones M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 93000

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD.

Permit No. 93000 *Office of Registrar of Vital Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Name of Deceased,* {White legibly and spell correctly. If an Infant not named, give names of parents.} Lorna Frances Montag (Montag)

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* 1 *Months.* 8 *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth: Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 36 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1 N. Chapel St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Few Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Johnsons Cem.

*Date of Burial,* July 7th 86

*Undertaker,* G. France

*Place of Business,* Hunt & Wolfe *Address,* 225 N. Eutaw St

Thomas Sappington M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93001 *Office of Registrar of Vital Statistics.* Ward 2D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 / 884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Caspar

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cabinet Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give Street and Number.} 11 Eastern Ave

*Cause of Death,* First (Primary), Suicide by hanging

Second (Immediate), Asphyxia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* July 7th 1884

*Undertaker,* Peter Frey

*Place of Business,* 21 Eastern Ave

H. H. Tuttle M. D.

Physician or Coroner.

*Address,* 10 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following Certificate

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9301 *Office of Registrar of Vital Statistics.* Ward 22

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Caspiani

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cabinet maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give Street and Number.} 88 Eastern Avenue

*Cause of Death,* First (Primary), Suicide by hanging

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 7th 1886

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Av *Address,*

E H Rutledge M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi

# Health Department, City of Baltimore.

Permit No. 93002 — *Office of Registrar of Vital Statistics* — Ward 15

HEALTH DEPARTMENT JUL 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Stern

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 15 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 15 wks.

*Place of Death,* {Give Street and Number.} 51 North St.

*Cause of Death,* First (Primary), Entero Colitis (Protracted)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Chas. Shalom

*Date of Burial,* July 7, 1886.

*Undertaker,* Emmert Spence

*Place of Business,* 600 Balto St. / *Address,* 436 W. Fayette St.

W. L. Howard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department. City of Baltimore.

Permit No. 93003 *Office of Registrar of Vital Statistics.* Ward 5th

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

The Physician who attended any person in v last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bell Retta Stephenson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* 10 *Days.*

*Color,* Colored

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.} Sad not any

*Occupation,* Sad not any

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Life

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 172 Spring St. Court

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7 1886

*Undertaker,* Michael Doyle

*Place of Business,* No 240 Aisquith St. Wm. A. N. Watson M. D. Medical Attendant.

*Address,* 108 Aisquith St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93004 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Monday July 5th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Zeltmans

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 21 Months, 15 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 28 Gough St.

*Cause of Death,* First (Primary), Congestion of Brain with Convulsions

Second (Immediate), Congestion of Lungs and Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 7th 1886

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans *Address,* Chas St & Fremont Place

Wilmer Brinton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 93005

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
JUL 7 1886
BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* 6 July 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Percy Hollingshead

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ~~Years,~~ 6 *Months,* *Days.*

*Color,* Wh

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 8 Wabash near Light

*Cause of Death,* First, (Primary.) Chol Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* July 7th 1886

*Undertaker,* Henry H. Mears

*Place of Business,* #22 N. Fayette St

Archd A Winston M.D.,
Medical Attendant.

*Address,* 119 N Chas St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93006 *Office of Registrar of Vital Statistics* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

14

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W Welch

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 11 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Childs Hospital

*Cause of Death,* First (Primary), Tubercular Menningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 7

*Undertaker,* C. W. Blizzard & T. Brau

*Place of Business,* 201 [illegible] *Address,*

*M. D.* Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9307 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRY JUL 7 1886

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harley Griffin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 12 days *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 12 Lexington Place

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 12 Lexington Place

*Cause of Death,* First (Primary), Inanition - Mother refused to give the breast

Second (Immediate), Exhaustion

*Duration of Last Sickness,* a few days.

All the above information should be furnished by the Physician.

*Place of Burial,* Washington D C

*Date of Burial,* July 7

*Undertaker,* C W Blizzard

*Place of Business,* 207 Pine

A C Pole M. D.
Medical Attendant.

*Address,* 594 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4268 Mann

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93008 *Office of Registrar of Vital Statistics.* Ward 17 a

HEALTH DEPARTMENT JULY 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk. Reulsing

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 676 S. Charles St

*Cause of Death,* First (Primary), Bilious Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 7th 1886

*Undertaker,* Ernest Lehmann

*Place of Business,* 121 Sharp St. *Address,* 3100 Boundary Ave

B. F. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9309 *Office of Registrar of Vital Statistics.* Ward 3-4

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 6 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Rodin

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* Years, 4 Months, 5 Days

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 198 E Mon √

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 154 Low x

*Cause of Death,* First (Primary), Entero Colitis x

Second (Immediate),

*Duration of Last Sickness,* 2 weeks x

All the above information should be furnished by the Physician.

*Place of Burial,* Edw St Cong Ceme x

*Date of Burial,* July 7.

*Undertaker,* H. Altfeld

*Place of Business,* 42 E Pratt St

J. C. Moyer M. D.
Medical Attendant.

*Address,* 192 August St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 93010 *Office of Registrar of Vital Statistics.* 18 86

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

a

# CERTIFICATE OF DEATH.

*Date of Death,* 7, 5 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Moore

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* About 40 *Years,* *Months,* *Days,*

*Color,* Whia

*Married, ~~Single,~~ Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} N W Cor Barre & E Pleas St.

*Cause of Death,* First (Primary), Dilatn Cordi

Second (Immediate) Heart Color

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Louden park Cemetary

*Date of Burial,* July 7th 1886

*Undertaker* Diterick Weigand

*Place of Business,* 166 Druid Hill Ave

Henry Chandlee M. D.
Medical Attendant.

*Address,* 181 Linden Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93011 *Office of Registrar of Vital Statistics.* Ward 11th

HEALTH DEPARTMENT JUL 7 1889 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hardy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 12 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 13 Biddle alley

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7 1889

*Undertaker,* H Ross

*Place of Business,* 45 Caroline St *Address,* 175 E. Pleasant

L. M. Hall *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93012 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Son of Annie Hunt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 51 Elm Lane

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Atrophia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7 1886

*Undertaker,* Hercules Rose

*Place of Business,* 95 Conway St

Dr. L. Bond M. D.
Medical Attendant.

*Address,* 177 Shapley

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93013 *Office of Registrar of Vital Statistics,* Ward 4th

REGISTRAR'S OFFICE 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Clayton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 97 So. Exeter

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 8th

*Undertaker,* Wm. F. Schaeffer

*Place of Business,* 5. S. Front St

F. Gilmore M. D.
Medical Attendant.

*Address,* 1 So. Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93014 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 6, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Haley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* 1 *Months,* 3 *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland 17 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 75 S. Gilmor st

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* July 9/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St.

James Bierly M. D.
Medical Attendant.

*Residence,* 319 Hallin st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93015 *Office of Registrar of Vital Statistics,* Ward 18th

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes I. Gerlach

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 10 *Months,* 5 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 2 Yrs.

*Place of Death,* {Give Street and Number.} 422 S Paca St

*Cause of Death,* First (Primary), ———

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus cemetery

*Date of Burial,* July 7th 1886

*Undertaker,* Jos B Cook

*Place of Business,* No 707 N Balto

Jno A Gluck M. D.
Medical Attendant.

*Address,* 158 S Paca

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93016 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 5. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Porter

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Journalist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 47 Hollins St

*Cause of Death,* First (Primary),

Second (Immediate) (Apoplexy or Heart Disease) (2)

*Duration of Last Sickness,* About one hour or less.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 7/86

*Undertaker,* Geary & Mitchell

*Place of Business,* 530 W Fayette

C. W. Nesbit M. D.
Medical Attendant.

*Address,* 306 W. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93017 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUL 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Knight.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 years.

*Place of Death,* {Give Street and Number.} 353 Lamvale St.

*Cause of Death,* First (Primary), Bright's Disease.

Second (Immediate), Uremic Poison.

*Duration of Last Sickness,* 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie-Brae

*Date of Burial,* July 8th 1886

*Undertaker,* Dandy & Mitchell

*Place of Business,* 530 W. Fayette

R. Harold Goldsmith, M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93018 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after the~~ death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Conti

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 84 Eastern avenue

*Cause of Death,* First (Primary), Acute [redacted] Bronchitis

Second (Immediate),

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Ct Vincent

*Date of Burial,* July 7

*Undertaker,* [illegible]

D W Cathell M. D.
Medical Attendant.

*Place of Business,* [illegible] *Address,* 2 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93019 *Office of Registrar of Vital Statistics* Ward 10th

HEALTH DEPARTMENT JUL 10 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 6 July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C. Buthwald

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ¾ *Years,* 4 *Months,* 10 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 374 Saratoga Street

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 8th 1886

*Undertaker,* C. Lewis Belaufer & E. Reinhard *M. D.*

Medical Attendant.

*Place of Business,* 109 N. Freemont *Address,* 211 N. Howard Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93020 *Office of Registrar of Vital Statistics.* Ward 10 2

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Emma~~ Ethelbert July 4th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Aschbergen

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* 9 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md & md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 40 Pine St

*Cause of Death,* First (Primary), Spasm.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 7th 1886

*Undertaker,* D. Lewis Schaub

*Medical Attendant.* Wm T Cain M. D.

*Place of Business,* 109 W Fremont *Address,* 185 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 93021 Office of Registrar of Vital Statistics, Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John M. Lutz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 37 *Years,* 3 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. City. Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 257 N Fremont St.

*Cause of Death,* First (Primary), Chronic alcoholism - Epileptic

Second (Immediate), Convulsions - Coma

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician

*Place of Burial,* Cedar Hill

*Date of Burial,* July 8

*Undertaker* Walter Emmert

*Place of Business,* 315 W. Biddle.

Marbury Brown M. D.
Medical Attendant.

*Address,* 56 McCulloh

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93022 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Harmer or Ennis

*Sex,* ~~Male~~ Hal *or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 2 *Months,* ——— *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 30 Binnie St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), do

*Duration of Last Sickness,* during life

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* July 7th 1886

*Undertaker,* W. Clarke & Son — J E Richard M. D.
Medical Attendant.

*Place of Business,* 9r S. Amer Address, 28 O Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93023 *Office of Registrar of Vital Statistics.* Ward 10th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without an Hospital Certificate.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ephraim Bailey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* — *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 65 N Harmony Lane

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Dysentery

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7 1886

*Undertaker,* S. H. Chase

*Place of Business,* 198 Howard *Address,* 25 Edmondson Ave

H. L. Hill *M. D.*
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93024 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

8

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Edwd. Bechtel

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 12 *Days*

*Color,* Wh.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 2 Pinkney Place

*Cause of Death,* First (Primary), Cyanosis

Second (Immediate),

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Church Lot Waverly

*Date of Burial,* July 7th

*Undertaker,* Lew Schilling

*Place of Business,* Mer & Assignee Address, 51 S Broadway

E. J. Burton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93025 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie S. Gwynn

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 5 *Months,* 2 *Days*

*Color,* wht

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* 3 mo

*Place of Death,* {Give Street and Number.} 316 Lafayette ave

*Cause of Death,* First (Primary), (Hip disease.) necrosis of head of Right femur.

Second (Immediate), Meningitis (Inflammatory)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 8th 86

*Undertaker,* Gyst Bauer

*Place of Business,* 202 N Eutaw

G Lane Tanyhill M. D.
Medical Attendant.

*Address,* 219 Madison ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93026 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Sailor board Bug Eye Josephine

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give Street and Number.} Drowned at foot of Ross St

*Cause of Death,* First (Primary), Drowning

Second (Immediate), Asphyxia

*Duration of Last Sickness,*

**All the above information should be furnished by the Physician.**

*Place of Burial,* West Pt Cemetery

*Date of Burial,* July 7 86

*Undertaker,* J C Kastner

*Place of Business,* 30 Eastern Ave

F. A. Filemeyer *M. D.*
Medical Attendant.

Coroner

*Address,* 412 S. Hill St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93027 *Office of Registrar of Vital Statistics.* Ward 17th

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Wagner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U S

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} ( )Barney St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 8th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* 226 Montgomery

Grant S Symons M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23028 *Office of Registrar of Vital Statistics* Ward 2

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 6/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sloan

*Sex, Male* ~~or Female~~ {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, —

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 217 Alice Anna

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cy

*Date of Burial,* July 7/1886

*Undertaker,* Jas O'Byrne

*Place of Business,* 63 Fawn

R W Mansfield M. D.
Medical Attendant.

*Address,* 502 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...possibly ... to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93029 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months.* *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* — —

*Place of Death,* {Give Street and Number.} 173 Chestnut St.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents C'ty

*Date of Burial,* July 7 1886

*Undertaker,* Jas C Byrne

*Place of Business,* 63 Front St

E. M. Reid M. D.
Medical Attendant.

*Address,* 243 N. Fremont St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93030 *Office of Registrar of Vital ~~Statistics~~.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Dudley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days*

*Color,* cd

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 22 St Mary St

*Cause of Death,* First (Primary),

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7/86

*Undertaker,* W. W. Madden

*Place of Business,* East St — *Address,* [illegible]

J. Thos K. Lewis M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Brown
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93031 *Office of Registrar of Vital Statistics.* Issued 20

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Death Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah. C. Thompson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* 7 *Days*

*Color,* cd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 459 Parish alley

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 Wks 2 Ds

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7/86

*Undertaker,* Alex Lemley

*Place of Business,* Orchard St *Address,* Comptroll

James A Simms M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Brown
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93032 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Thomas

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 289 Mckeldery St- Colored

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Lung - Pneumonia

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 7th 1886

*Undertaker,* Vincent L. Dunigan

*Place of Business,* 1 East St

Wm. L. Russell M. D.
Medical Attendant.

*Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93033 *Office of Registrar of Vital Statistics.* Ward 14

CHARLTON COURT HOUSE JUL 7 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Belle Calhoun

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~ *Months,* 7 *Days*

*Color,* Col

~~*Married*~~, *Single, Widow* ~~or Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Harmony La 5 Hours W of Pop Fetus

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cemetery

*Date of Burial,* July 7th 86

*Undertaker,* H H Kerchner

*Place of Business,* Address

M. D.

**Extract from Regulations of the Board of Health to secure a ~~full~~ and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

R E Roberts Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 93034 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Sarah Webster

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 1 *Months,* ..... *Days.*

*Color,* Black -

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 112 N Regester St -

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7 1886

*Undertaker,* William A Dugee

*Place of Business,* 62 East St

Wm. L. Russell M. D.
Medical Attendant.

*Address,* 238 N Broadway -

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 43035 *Office of Registrar of Vital Statistics.* 6 11

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 6 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace Dorsherty.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} —

*Age,* — *Years,* 11 *Months,* — *Days*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 73 ½ Duncan Alley,

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum.

*Duration of Last Sickness,* A few days.

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7th 1886

*Undertaker,* Wm. P. Dunga

*Place of Business,* 62 East St

A. V. Gouvitt M. D.
Medical Attendant.

*Address,* 96 S Ann St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93036 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7: 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McKeown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 9 *Days*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 223 Lee St.

*Cause of Death,* First (Primary),

Second (Immediate), Measles and Teething

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* July 8th 1886

*Undertaker,* Jos H. Cook

*Place of Business,* No 707 W Baltimore

A. L. Gihon M. D.
Medical Attendant.

*Address,* 87 W. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93037 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver G Booey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 24 Ramsay St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 18 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* July 8/86

*Undertaker,* F. B. Cook

*Place of Business,* 707 W. Balto

Geo R Graham M. D.
Medical Attendant.

*Address,* 13 Columbia ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93038 *Office of Registrar of Vital Statistics.* 14

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Sellers.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* 5 *Months,* 5 *Days*

*Color,*

*Married, ~~Single, Widow or Widower.~~* {Cross out the words not required in this line.} Widower

*Occupation,* Retired Gentleman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

*Duration of Residence in the City of Baltimore,* 50 years.

*Place of Death,* {Give Street and Number.} 493 Lexington St.

*Cause of Death,* First (Primary), Softening of Brain

Second (Immediate), Apoplexy

*Duration of Last Sickness,* Has been ailing for 18 Months.

All the above Information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery

*Date of Burial,* July 9th 1886

*Undertaker,* Jos B. Cook

*Place of Business,* No 707 N Baltimore St

John L. H. Wood M. D.
Medical Attendant.

*Address,* 293 Lexington St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 93039 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } J Eugene Dick

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 6 *Months,* 10 *Days,*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Bulls Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 10 E Townsend st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Obscure Brain Trouble Co

*Duration of Last Sickness,* 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 8th 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave & Nct Royal & Boundary aves

C Winslow M. D., Medical Attendant.

*Address,* 23 McCulloh st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93040 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1866 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Garbar

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 46 *Years,* — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Merchant.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~2d E~~ Frederick

*Duration of Residence in the City of Baltimore,* 25 Yrs

*Place of Death,* {Give Street and Number.} 25 Edmondson ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate), & Lunatism

*Duration of Last Sickness,* 3 or 4 months

All the above information ~~should be~~ furnished by the Physician.

*Place of Burial,* Providence Md.

*Date of Burial,* July 8th /66.

*Undertaker,* M. Cullogan

*Place of Business,* 227 Baltimore St *Address.* 23 Edmondson ave

N. F. Hill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Trans. 4271

# Health Department, City of Baltimore.

Permit No. 93041 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. C. Lotz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* 1 *Months,* 11 *Days*

*Color,* W.

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Store Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} 14 Washington Av.

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery

*Duration of Last Sickness,* 16 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 8 1886

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw St

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 359 Park Av

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93042 *Office of Registrar of Vital Statistics* Ward 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 3 1/4 P.M. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethan G. King

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 37 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* ×××

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} S.W. Cor O'D Granville & Patapsco Sts

*Cause of Death,* First (Primary), Congestive Chills

Second (Immediate),

*Duration of Last Sickness,* Taken at 8 P.M. 5 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* 9th July 86

*Undertaker,* M. A. Bayer Ally

*Place of Business,* 74 S. Eden

James C. Donnelly M. D.
Medical Attendant.

*Address,* 99 E. Balt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93043 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation to this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 7. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel E. Ewell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 10 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 245 N. Caroline st.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Almost from birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetry

*Date of Burial,* July 8. 1886

*Undertaker,* John W Jackson

*Place of Business,* Gay & Caroline Sts. *Address.* 305 N Caroline st.

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9304 f.c.f *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Connel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} Inst Little Sisters Poor

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy cross Cemetery

*Date of Burial,*

*Undertaker,* H. Blood Comp.

*Place of Business,*

Jno. Brooke Boyle M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93045 *Office of Registrar of ~~Vital Statistics~~* Ward 9

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John and Henry Jeffery

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Twins

*Age,* Years, about 2 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} N. H. Co. Boston Mass & Hartford Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Same

*Cause of Death,* First (Primary), Premature births

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 8th 1886

*Undertaker,* A. W. Mears

*Place of Business,* 22 N. Fayette St *Address,* S. W. Cor 17th & Penn Av

Wm. F. Commins M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93046 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 86 (Henry)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma May Taylor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 Years, 11 Months, Days

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Western Penitentiary Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.}

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Bronchitis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 8th 1886

*Undertaker,* H. W. Thomas

*Place of Business,* 22 W. Fayette

John B. Lemmon M. D.
Medical Attendant.

Address, 54 W. Calvert Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93047 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 8 1886

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Krabitz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* Nine *Months.* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 222 Scott St

*Cause of Death,* First (Primary), Diarrhoea Choleriform.

Second (Immediate), Hydrocephalus & Asthenia

*Duration of Last Sickness,* Three Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 8/86

*Undertaker,* J. Noel & son

*Place of Business,* 183 Columbia Av *Address,* 76 Columbia Av

H. D. Blum M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 93048 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT JUL 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886 (Hookman)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Erma L Holmes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 8 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore V

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 946 N Caroline St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two (2) days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cem

*Date of Burial,* July 8th 86

*Undertaker,* G F Franck

*Place of Business,* 1 Jones & Wolf Alley, *Address,* 946 N Caroline St

J. W. Slemer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93149 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

14

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hannon.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 17 *Months,* ~~—~~ *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents Asylum

*Cause of Death,* First (Primary), Diffuse Croup.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 8 1886

*Undertaker,* ~~Frank~~ P. Smith

*Place of Business,* Asylum

T. J. Hannery M. D.
Medical Attendant.

*Address,* 104 Dr. Hill Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93050

*Office of Registrar of Vital Statistics.*

Ward 17

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H Heming

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 1 *Months,* 1 *Days*

*Color,* W

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Marines

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} US

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 72 Battery Ave

*Cause of Death,* First (Primary), Phthisis (Tubercular

Second (Immediate),

*Duration of Last Sickness,* 2 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 9

*Undertaker,* B. Wash

*Place of Business,* 62 West St

Geo Strauss M. D.
Medical Attendant.

*Address,* 226 Montgomery

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 93057 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl V. Cooley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 4 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give Street and Number.} 3 Stockholm St

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Congestion of the Lungs

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 9

*Undertaker,* B. Mahr

*Place of Business,* 82 West ... *Address,* ...

Edward Cox M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUL 8 1886

Permit No. 93052 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 6 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Byers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 9 Months, 11 Days

*Color,* Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 208 Lee St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* about 6 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 8 1886

*Undertaker,* H. Hoss

*Place of Business,* 95 Lombard St

Spencer H. Free M. D.
Medical Attendant.

*Address,* 112 Hanover St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 93053 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 7/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lehrisa Damenfeder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* and 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 117 Eden

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 9th 1886

*Undertaker,* Peter Forey

*Place of Business,* 91 Eden Av

R. McMechen M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Cer...

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE

Permit No. 93054 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Vogelbach

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* / *Years,* / *Months,* / *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 412 Holbrook St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Marasmus

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* July 10 1886

*Undertaker,* Henry Hook

*Place of Business,* 203 N. Central Ave Address, City Of Peroline St

L. W. Shroer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE

Permit No. 93055 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma F Mayer

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 19 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 98 Hanover St

*Duration of Residence in the City of Baltimore,* Fifteen

*Place of Death,* {Give Street and Number.} 98 Hanover St

*Cause of Death,* First (Primary), Congestion of Brain

Second (Immediate), Effusion

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 8th 1886

*Undertaker,* E. Thomas & Son

*Place of Business,* 209 Hanover

B. F. Phillips M. D.
Medical Attendant.

*Address,* 31 Holland St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93056 *Office of Registrar of Vital Statistics.* Ward 3rd

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after the~~ death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Goldstein

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 13 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 17 S. Spring.

*Cause of Death,* First (Primary), Hemiplegia

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* ~~four~~ always

All the above information should be furnished by the Physician.

*Place of Burial,* Ohel Jacob

*Date of Burial,* July 8th 1886.

*Undertaker,* Eaden & Speed

*Place of Business,* Cor Bal & ~~Eutaw~~ *Address,* 125 Eden St

L. A. Whitman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 93057 ; *Office of Registrar of Vital Statistics.* Ward 3 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Dora [redacted] Sclinski

*Sex,* [redacted] *or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 25 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } U.S.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 45 Gough St

*Cause of Death,* First (Primary) Entero Colitis

Second (Immediate) .....

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Greb Shalom

*Date of Burial,* July 8th 1886.

*Undertaker* Evans & Spicer

*Place of Business,* 6 & E Balto St. *Address,* .....

C. W. Elias M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 93058 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 7. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton Washington

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 508 E. Monument St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Nine Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Fells Point Cemetery

*Date of Burial,* July 8th

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Balto St

H. F. Lusk M. D.
Medical Attendant.

*Address,* 392 E. Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 93059 *Office of Registrar of Vital Statistics,* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* One Years Ten Months, Twenty six Days,

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 15 Tyson Alley

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* Two days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 8th 1886

*Undertaker,* Wm Jas Gray

*Place of Business* 65 Bulbus St. *Address,* 157 Park ave

C Thompson Jones M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 93060 *Office of Registrar of Vital Statistics,* Ward 5th

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Caroline Lancaster

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 230 N. Broadway

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Old Methodist Cemetery

*Date of Burial,* July 9th

*Undertaker,* Geo. A. Lilling

*Place of Business,* Holland Square *Address,* 926 E. Pratt

C. C. Cook M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE MD.

Permit No. 93061 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Woolen

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 79 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Cooper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md.

*Duration of Residence in the City of Baltimore,* 46 yrs

*Place of Death,* {Give Street and Number.} 120 Greenmount Av

*Cause of Death,* First (Primary), Old Age

Second (Immediate), .....

*Duration of Last Sickness,* Natural failure for about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 9th

*Undertaker,* Geo Schilling

*Place of Business,* Richland Sq

Jn B Billingslea M. D.
Medical Attendant.

*Address,* 228 E Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93064 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

13

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. E Koon

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 10 *Years,* 11 *Months,* 14 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Nice Birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 441 N Broadway

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asthenia

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 8th 1886

*Undertaker,* E. Schilling

*Place of Business,* Ashland & Mad Ave

S W Shoer M. D.
Medical Attendant.

Address, Eager & Caroline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93063 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUL 9 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Long -

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 3 - *Months,* — *Days*

*Color,* White -

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto -

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 238 N. Caroline St.

*Cause of Death,* First (Primary), Syphilis Condition -

Second (Immediate), Congestion of Brain -

*Duration of Last Sickness,* 3 weeks -

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 9th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Lynn *Address,*

Geo Van Bibber M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93064 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT, JUL 8 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willy Wortman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ 3 *Years,* ~~Months,~~ ~~Days~~

*Color,* Cold

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 42 Lee Av.

*Cause of Death,* First (Primary), Malnutrition

Second (Immediate), Diarrhea

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cathedral Cemetery

*Date of Burial,* July 8th 1886

*Undertaker,* F. A. Kerchner

*Place of Business,* Health Office *Address,* City Hall

Thos. A. Stevens *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

T. C. Leonard Health Officer

[over.]

# Health Department, City of Baltimore.

Permit No. 93065 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Durford Manly

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single

*Occupation,* ~~Single~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 456 Loudon

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 8/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto Address 582 W. Fayette

W. Rm Gwinn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93066 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian E Smith

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 10 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 33 S Republican av

*Cause of Death,* First (Primary), Acute Nephritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 months

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* July 9/86

*Undertaker,* J. T. Cook James A Bowley M. D.

Medical Attendant

*Place of Business,* 1707 E. Balto Address, 319 Hollins av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93067 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT
AUG 8 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred A Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* 9 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 70 3 Wharton st

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 9th 1886

*Undertaker,* Alex Hunsley

*Place of Business,* 116 Orchard

M. Warner M. D.
Medical Attendant.

*Address,* Lafayette st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93068

*Office of Registrar of Vital Statistics.*

Ward 7th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Austin V. McCaffrey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 5 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 1119 N. Carrollton

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent City

*Date of Burial,* July 8 1886

*Undertaker,* Jas. E. Byrne

*Place of Business,* 630 W. Fayette st

J. W. Elmer M. D.
Medical Attendant.

*Address,* Eager & Carlton

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93069 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 8 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 6th July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret Delaney

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 87 *Years,* *Months,* *Days.*

*Color,* Colored

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* House work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 28 yrs

*Place of Death,* {Give Street and Number.} 376. Cross St.

*Cause of Death,* First (Primary), Palsy and old age

Second (Immediate), Tubercular on the bowels

*Duration of Last Sickness,* 5. Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 8 1886

*Undertaker,* S W Chase

*Place of Business,* 1765 Hanover st

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146. Hill St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93070 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give name of parents.} John Howard Robinson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* / *Years,* 4 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1446 E. Wolfe Street

*Cause of Death,* First (Primary), Entero - Colitis

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 8th 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Eastern Ave

James F. McShane M. D.
Medical Attendant.

*Address,* 447 E. Fayette St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 23071 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of ~~this Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. JUL 8 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Not christened) Diedel

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Adolph L. Diedel (Father)

*~~Age~~* ~~Years~~, Months, 4 hours Days

*Color,* White

*~~Married, Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 539 Mulberry St

*Cause of Death,* First (Primary), Umbilical haemorrhage

Second (Immediate),

*Duration of Last Sickness,* two hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 8th 1886

*Undertaker,* S. M. Leonard & Son W. W. Wright M. D.

Medical Attendant.

*Place of Business,* 782 W. Balto Address, 221 N. Gilmor St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. This case was attended by a mid wife and I was called when the child was exsanguinated now [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93072 *Office of Registrar of Vital Statistics.* Ward 9"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 9.50 P.M. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Ruth Swartz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* x x x

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 89 S. Bethel St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* July 9. 1886

*Undertaker,* Henry McSwiney

*Place of Business,* 8. N. Central Av. *Address,* 29 E. Pratt

James E. Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23073 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cole

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* House Wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 7 Years

*Place of Death,* {Give Street and Number.} 917 Aisquith

*Cause of Death,* First (Primary), Phthisis Pulmonalis (cause)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* July 8 1886

*Undertaker,* Jas P Byrne

*Place of Business,*

Geo L Winslow M. D.
Medical Attendant.

*Address,* 917 E. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93074 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Braus

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, Months, 21 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maturity

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Childs Hospital

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate), Atal

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* July 8

*Undertaker,* Chas B Lizzard

*Place of Business,* 201 Pratt Address,

C. F. Braun M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 9307 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8. 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Rebecca Bush

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 12 *Days.*

*Color,* Black

*~~Married, Single,~~ ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No. 46 Penine St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Spasm

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Thorpe St Cemetery

*Date of Burial* July 9 1886

*Undertaker,* William Wagner

*Place of Business,* 62 East St

R W Mettee M. D.,
Medical Attendant.

*Address,* 185 Lanvale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93076 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Holland

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5-5 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Washwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pocomoke City - Md.

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 144 N. Dulaney St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10- Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet & Green Mount

*Date of Burial,* July 8 1886

*Undertaker,* William V Dorsey

*Place of Business,* 62 East St

G. F. Taylor M. D.
Medical Attendant.

*Address,* 284 N. Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 93077 *Office of Registrar of Vital Statistics.* Filed

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased to the Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7 / 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hawkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* 7 *Months,* *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 8 Gilt Alley

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 1 Yr

All the above information should be furnished by the Physician.

*Place of Burial,* Levnel Cemetery

*Date of Burial,* July 8 1886

*Undertaker,* William Dorsey

*Place of Business,* 62 East St

Edward P. Mitchell M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93078

## *Office of Registrar of Vital Statistics.*

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 8 1886 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Johanna Ripple.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} S. W. cor. Fort Av. & Burroughs St.

*Cause of Death,* First (Primary),

Second (Immediate), Trismus Infantum.

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphons

*Date of Burial,* July 8

*Undertaker,* B. Myers

*Place of Business,* 52 West

R. J. H. Tall, M. D.
Medical Attendant.

*Address,* 152 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93079 *Office of Registrar of Vital Statistics.* Ward 4-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A Dodge

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 49 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

*Duration of Residence in the City of Baltimore,* 18 yrs

*Place of Death,* {Give Street and Number.} S. W. Hilleman & Exeter Sts

*Cause of Death,* First (Primary),

Second (Immediate), Cancer of Liver

*Duration of Last Sickness,* 3 or 4 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 9th 1886.

*Undertaker,* John Hennig M. B. Billingslea M. D.
Medical Attendant.

*Place of Business,* 882 Orleans St *Address,* 228 E Pratt st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93080

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT BALTIMORE, MD. JUL 9 1886

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis L. Manger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 7 *Months,* 28 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No. 139 Vine Street.

*Cause of Death,* First (Primary), ———

Second (Immediate), Inflammation of bowels.

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 9th 1886

*Undertaker,* F. Lewis Lehnfer

*Place of Business,* 109 N Armoot *Address,* Cor. Columbia and Carey Sts

Thomas A. Chandlee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ate of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93081 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margetta Hulsemann

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 6 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 21 Roberts St.

*Cause of Death,* First (Primary), Jaundice –

Second (Immediate), Exhaustion –

*Duration of Last Sickness,* During life

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Burial place

*Date of Burial,* July 9th 1886

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna Ave *Address,* 515 Penna Ave

T. Rickert M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93082 *Office of Registrar of Vital Statistics* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Philipson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 27 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 65 George Street

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), " "

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* F. P. N. F. Cemetery

*Date of Burial,* July 9. 1886

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Balto St *Address,*

G. C. Hemmeter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93085 *Office of Registrar of Vital Statistics.* Ward 1 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 8/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Sebour

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 113 S. Duncan alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* July 9th 86

*Undertaker,* G. France

*Place of Business,* Hartz & Wolfe *Address,* 50 & Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93084 *Office of Registrar of Vital Statistics* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. DEC 9 1886

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Hilpert

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 7 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 4 Cutler

*Cause of Death,* First (Primary), Malignant Diphtheria

Second (Immediate), ——

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Athanasius Cem.

*Date of Burial,* Dec 9th 86

*Undertaker,* G. H. Franck

*Place of Business,* Bank & Wolfe Sts, *Address,* 53 Eutaw St.

E. J. Lilienthal M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 93085 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four* hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 BALTIMORE

17

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas O. Abbott

*Sex, Male or Female,* { Cross out the word not required in this line. } Thomas O. Abbott

*Age,* about 40 Years, Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ✓

*Occupation* Brakeman on B & O Railroad

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } Residence Williams St # 174

*Cause of Death,* First (Primary), Killed by Engine at Mt Clare Junction

Second (Immediate), July 7th 1886

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 9 1886

*Undertaker* Armstrong & Devecmon

*Place of Business,* 263 Light St, *Address,*

L. Stephenson M. D.

~~Medical Attendant.~~ Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 93086 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 9 1886, BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Haffner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 7 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 290 S. Bond Street

*Cause of Death,* First, (Primary,) ....

Second, (Immediate,) Measles -

*Duration of Last Sickness,* About 2 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 9th 1886

*Undertaker,* Sandy Helm

*Place of Business* 252 Baltimore

I. J. Bashiell Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9308 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Burkes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 10 N. Newkirk St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Evangelical Cem.

*Date of Burial,* July 9th 1886

*Undertaker,* H. Sander & Son, M. D.

Medical Attendant.

*Place of Business,* *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Table of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 23088 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886 = 11 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A. Daughter of Augusta Elbell

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* 14 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Infant

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 92 Thames St

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 92 Thames St

*Cause of Death,* First (Primary),

Second (Immediate), Measles

*Duration of Last Sickness.* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cem.

*Date of Burial,* July 9th 1886

*Undertaker,* H. Sander & Son. *M. D.*

Medical Attendant.

*Place of Business,* 252 Canton Ave. *Address.* 88 S. Bond St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93089 *Office of Registrar of Vital Statistics* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles S Matthews

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Mercantile Drummer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 183 Eyerman St

*Cause of Death,* First (Primary), Fracture of L Leg & Internal Injury

Second (Immediate), Septicaemia

*Duration of Last Sickness,* 32 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 9th 1886

*Undertaker,* J. H. Murphy

*Place of Business,* 298 Penna Ave *Address,* 112 Fort Ave

O. A. Cooke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93091 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Young

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 47 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 786 Washington Ave

*Cause of Death,* First (Primary), —

Second (Immediate), Gastritis (Chronic)

*Duration of Last Sickness,* 7 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 9/86

*Undertaker,* D. B. Cook

*Place of Business,* 704 W. Balto Address, 168 S. Pacas

Jno. A. Clarke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9309 1 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the preparation of a Burial Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbur Longhoff

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 3 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 18 S. Mount

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* about 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* July 10th 1886

*Undertaker,* J. B. Cook

*Place of Business,* No 707 N Balto St *Address,*

W. R. McCann M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93092 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Kamer.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Four *Months,* ~~Twenty seven~~ *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore - Maryland.

*Duration of Residence in the City of Baltimore,* During life.

*Place of Death,* {Give Street and Number.} No. 130 North Carey Street.

*Cause of Death,* First (Primary), Gastro-intestinal Catarrh.

Second (Immediate), Cholera Infantum - Exhaustion.

*Duration of Last Sickness,* About three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* July 9

*Undertaker,* ~~D~~ Ahrens

*Place of Business,* 28 ~~Hanover~~ St.

J. Ridgely Hammond M. D.
Medical Attendant.

Address, 148 N. Carey St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93093 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard C. Martin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 1 *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* his lifetime

*Place of Death,* {Give Street and Number.} Hanover York

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 11, 1886

*Undertaker,* C. F. Kraus & Son

*Place of Business,* 209 Hanover *Address,* 416 Hanover St

Howard Bolte M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No. 93094 *Office of Registrar of Vital Statistics.* 13 4

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence M. Pumphrey

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pacific City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 456 Lexington St

*Cause of Death,* First (Primary), Disease of the Heart & Dropsy

Second (Immediate), Epileptic Disease

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem'y

*Date of Burial,* July 7th 1886

*Undertaker,* Denny & Abitol — James S. Steuart M. D. Medical Attendant.

*Place of Business,* 550 W. Fayette St *Address,* No. 97 W. Chase St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

**Permit No.** 93095 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Clatcher

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* Ten *Months,* — *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Infant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* {Give street and Number.} 127 Mosher St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), "

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* July 9" 1886

*Undertaker* Wm J. Tickner

*Place of Business,* 65 S Eutaw *Address,* 506 Mad Ave

J. Johnston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93096 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sela Golaner

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} # 152 S. Broadway

*Cause of Death,* First (Primary), Pertussis,

Second (Immediate), Convulsions

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Fell Point Cemetery

*Date of Burial,* July 9

*Undertaker,* L. Athens

*Place of Business,* 28 Light St. *Address,* 243 Aliceanna

Wm H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93097 — *Office of Registrar of Vital Statistics.* — Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. Henry Fleckenstein

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... *Months,* 17. *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. 238 Mulberry St.

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give Street and Number.} 238 Mulberry St.

*Cause of Death,* First (Primary), Purpura Haemorraghja

Second (Immediate), ...

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 11th 1886

*Undertaker,* W. Cadogan

*Place of Business,* 227 Mulberry St.

Louis Ch. Horn M. D.
Medical Attendant.

*Address.* cor Mulberry & Myrtle Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93098. *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 8 July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Hering

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* Years, — 8 Months, — Days.

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 160 Lexington Street

*Cause of Death,* First (Primary), Bronchopneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* July 10th 1886

*Undertaker,* P. H. Secrest

*Place of Business,* 35 S. Eutaw Address, 211 N. Howard St.

L. F. Reinicke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ne Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore.

10

Permit No. 93099 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the ... *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Monis

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 45 *Years,* 3 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* Assistant Engine Man at No. 7 Engine Ho...

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } England

*Duration of Residence in the City of Baltimore,* 37 Years

*Place of Death,* { Give street and Number. } Engine House No. 7. Residence Pine St near ...

*Cause of Death,* { First (Primary), / Second (Immediate). } Disease of the heart -

*Duration of Last Sickness,* Death Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* ~~July 11th 1886~~ Loudon Park

*Date of Burial,* July 11th 1886

*Undertaker* John J. Andrews

*Place of Business* 646 Druid Hill Ave

Corrected by me

L. L. Sparrow M. D.

~~Medical Attendant.~~ Coroner

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 93100

*Office of Registrar of Vital Statistics.*

10 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUL 9 1886 5
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hindrick Dunn

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Fireman No 1 Engine Co

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* From birth

*Place of Death,* {Give street and number.} No 23 Pearl St

*Cause of Death,* First, (Primary.) Injury to the spine from accident

Second, (Immediate.) followed by Paralysis

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 11th 1886

*Undertaker,* H. A. Mears

*Place of Business,* 22 W. Fayette St

James Smith M.D.,
Medical Attendant.

*Address,* No 14 Pacca St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 93101 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

B

JUL 8 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8 / 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Nipt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 3 *Months,* ——— *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 945 S. Bond Street

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 4 or 5 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* S. D. Gorsuch Co.

*Date of Burial,* Jul 9

*Undertaker,* Wendell Dyer

*Place of Business,* 151 S Bond

H. T. Bashiell Jr M. D.,
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

Permit No. 93102 *Office of Registrar of Vital Statistics.* Ward 15 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Fay

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 7 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 4 years

*Place of Death,* {Give Street and Number.} Accidentally Killed by falling off the roof of 358 Orleans St

*Cause of Death,* First (Primary), Fractured Base of Brain caused by Compression

Second (Immediate), of Brain due to Falling from the roof of 358 Orleans St

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lauderpark Cem

*Date of Burial,* July 9th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,*

Dan'l J Flaherty M. D.
Coroner
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 93103 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

JUL 9 1886 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886, 10 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard son of Jetta & Kohen

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* 16 *Days.*

*Color,* Russian

*Married,* ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} Parents

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 4 & 8 Market Space

*Cause of Death,* { First (Primary),
Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom

*Date of Burial,* July 8th 1886

*Undertaker,* Evans & Spencer

*Place of Business,* 60 E Baltimore St *Address,* 8 & E Balto St

Abr. Sherbow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93104 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 9 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anastasia Kuharski

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 88 Block St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cem'ty

*Date of Burial,* July 8 86 John H. Rehberger M. D.

Medical Attendant.

*Undertaker,* Felix Brosnowski.

*Place of Business,* 215 S Bond St *Address,* 743 Aliceanna.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93195 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1886 BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Allenbaugh

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 14 *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 185 N Chester St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 9th 1886

*Undertaker,* H W Mears

*Place of Business,* 22 N Fayette

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 93106 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Jno & Mary Hubbard Not named

~~Sex,~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* A few Years, Months, Days,

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not requred in this line.} ✓

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 35 Randall St

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 35 Randall St

*Cause of Death,* First, (Primary,) Not Known

Second, (Immediate,) Asthma -

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Cemetery Philadelphia Cemetery

*Date of Burial,* July 9th /86

*Undertaker,* Daniel Glynn

*Place of Business,* 109 West St

C. D Smith M. D.,
Medical Attendant.

*Address,* 368 Eighth St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9307 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brauer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* 5 *Months,* —— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany -

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} Residence: 277 S. Sharp st. Was accidentally drowned at foot of Cross st while under influence of liquor

*Cause of Death,* First (Primary), Drowning

Second (Immediate), Asphyxia.

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemy

*Date of Burial,* 10th July 1886

*Undertaker,* Henry Biele

*Place of Business,* Hennetta St. *Address,* 1404 Dr. Hill Ave

F. J. Flannery M. D.
Coroner Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer

# Health Department, City of Baltimore.

Permit No. 93108

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the correctness of the certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Ward 3rd

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt T. Schreyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 13 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 40 Lowndes St.

*Cause of Death,* First (Primary), Choleria Infantum

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 1 Week 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* July 10th

*Undertaker,* Wm J Schaffer

*Place of Business,* 55 Front St

*Address,* 222 E Baltimore St

Medical Attendant. James E Timmons M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93109 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hawkins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Brown Alley 41

*Cause of Death,* First (Primary), Indigestion teething

Second (Immediate), Diarhea.

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* July 11 1886

*Undertaker,* John W Jackson

*Place of Business,* Gay & Gardiner Address, 12 & 14 Exeter st

E. C. Baldwin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93110

## Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Albers

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* five *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md Baltimore, ✓

*Duration of Residence in the City of Baltimore,* after birth

*Place of Death,* {Give Street and Number.} 1104 N Gilmor St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* July 10th 1886

*Undertaker,* Wm J Smith Son

*Place of Business,* East Saratoga *Address,* 28 N. Howard St

Medical Attendant. W K Warner M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 9311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Glantz

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 53 yrs *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Germany - (U.S. 40 years)

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give street and number} 36 Knox alley

*Cause of Death,* First, (Primary,) Phthisis pulm.

Second, (Immediate,)

*Duration of last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 11th 86

*Undertaker,* Nelson & Son

*Place of Business,* Park & Saratoga

Thomas E. Sears M. D.
Medical Attendant.

*Address,* 89 N. Greene St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUGANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93112 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Trusty

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} ~~11~~ 187 S. Durham St

*Cause of Death,* First (Primary), Pneumonitis

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* July 9th

*Undertaker,* John E Grace

*Place of Business,* 142 S. Caroline St. *Address,* 243 Alice Anna St

John H. Lehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93113 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE MD.

H

## CERTIFICATE OF DEATH.

*Date of Death,* July 9 / 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto,

*Duration of Residence in the City of Baltimore,* Life,

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum

*Cause of Death,* First (Primary), Marasmus,

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* July 10, 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St., *Address,* Boleman & Calhoun

R. H. Goldsmith M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9311 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* JUL 5 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry N. Mair,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

*Duration of Residence in the City of Baltimore,* 15 yrs.

*Place of Death,* {Give Street and Number.} 392 West Lanvale St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 9/86

*Undertaker,* Denny & Mitchell

*Place of Business,* 552 W Fayette

Wm. A. B. Sellman, M. D.
Medical Attendant.

*Address,* 46 West Biddle St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23115 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 8. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Eckle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 6 *Months,* *Days*

*Color,* white

~~*Married*~~, *Single, Widow or Widower,* {~~Cross out~~ the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 324 Lemmon

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* July 9th

*Undertaker,* John J Lennon

*Place of Business,* 89 Collins st

D. C. Speir M. D.
Medical Attendant.

Address, 87 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 93116 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE MD.

B3

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Towson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days,* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} No 1 Walnut Alley

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,)

*Duration of Last Sickness,* 17 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial.* July 9, 1886

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

Wm A Moale M. D.,
Medical Attendant.

*Address,* 152 St Charles St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The co-operation of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9317 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 8/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franceska Bardhel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 395 Aisquith

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate),

*Duration of Last Sickness,* Month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial* July 10 1886

*Undertaker,* W. C. Bultmann Jr. J. H. Ledlenberg M. D.
Medical Attendant.

*Place of Business,* 253 E Lombard *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 93118 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 9. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie E. Parker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 346 N. Eutaw St.

*Cause of Death,* First (Primary), Meningitis - Tuberculous? - was in

Second (Immediate) attendance 12 hours.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 11th 1886

*Undertaker* Wm. Weaver

*Place of Business,* 202 N. Eutaw St. *Address,* 68 W. Fayette St.

Mahlon Weaver M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...completely, Items 20 the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9319 *Office of Registrar of Vital Statistics.* Ward 1 Cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emlen Ratcliffe

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 2 4 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ca Baltimore Co

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} Cor O Donnell & Canton Sts

*Cause of Death,* First (Primary), Diarrhea

Second (Immediate), " "

*Duration of Last Sickness,* During Life

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* July 9th '86

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bway

J H Martin M. D.
Medical Attendant.

*Address,* 108 Canton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93120 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Waggner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* 0 *Months,* 19 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single.

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* life-time

*Place of Death,* {Give Street and Number.} 81 S. Washington Ave S C

*Cause of Death,* First (Primary), Gastric form of Bilious fever

Second (Immediate),

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* 13th July 1886

D W Cathell M. D.
Medical Attendant.

*Undertaker,* W. A. Stafford

*Place of Business,* 54 E Broadway *Address,* 217 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93121 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Sack

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 16 N. Durham St.

*Cause of Death,* First (Primary), Convulsions (Cause not Known)

Second (Immediate), "

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 10th 86

*Undertaker,* G. Francis

*Place of Business,* Jones & Wolfe Sts *Address,* 375 E. Balto. St.

E. P. Ivins M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93122 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 8. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mc. Manus

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 23 E. Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 10

*Undertaker,* Evans + Spence

*Place of Business,* 60 E Balto St

G. G. Mc. K M. D.

Medical Attendant.

*Address,* 392 E. Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93123 *Office of Registrar of Vital Statistics.* 20

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Chamberlain

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Sauesville Md

*Duration of Residence in the City of Baltimore,* 28 yrs about

*Place of Death,* {Give Street and Number.} 27 Woodyear Ct

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate),

*Duration of Last Sickness,* 2 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 10

*Undertaker,* C. W. Bozzard

*Place of Business,* 201 Aisquith

Wm F. Chappell M. D.
Medical Attendant.

*Address,* Co Preston & Fulton Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 4764 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 9 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} chid of Wm N & Hannah L. Bolling

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* —— *Years,* ..... *Months,* ..... 1/3 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 146 N Arlington Ave

*Cause of Death,* First (Primary), Premature

Second (Immediate), asthenia

*Duration of Last Sickness,* 8 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 9th 86

*Undertaker,* Hall Fenton & Son

*Place of Business,* Park & Sarah *Address,* 114 Park

F. E. Shattuck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

14

*Permit No.* 93125

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 8. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Gray,

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 89 *Years,* *Months,* *Days.*

*Color,* White *Sex,* F.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Md.

*Duration of Residence in the City of Baltimore,* 25 years.

*Place of Death,* {Give street and number.} 111 Mulberry Ave,

Old age,

*Cause of Death,* { First (Primary,) Asthenia,

Second (Immediate,) Failing for a year past.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Carroll Co. Md.

*Date of Burial,* July 10th 1886

*Undertaker,* Wm. H. Lange

*Place of Business,* 62 East St. *Address* 217 Lanvale St.

J. L. Ryle M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9316 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Waldau

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 21/61 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 106 Low St

*Cause of Death,* First (Primary), Cholera Infant

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 10th 1886

*Undertaker,* John Henneig. Francis A. Sauer M. D.

Medical Attendant.

*Place of Business,* 382 Orleans St Address, 105 N. Central Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9314

*Office of Registrar of Vital Statistics.* 10 Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH. 74

*Date of Death,* July 9 – 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Deale

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 25 *Years,* ..... *Months,* ..... *Days.*

*Color,* Light

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* 2 mos & 24 days

*Place of Death,* {Give Street and Number.} Maternite Hospl

*Cause of Death,* First (Primary), .....

Second (Immediate), Clotting of blood in the heart

*Duration of Last Sickness,* 19 days

All the above information should be furnished by the Physician.

*Place of Burial,* Kent Island

*Date of Burial,* July 12th 1886

*Undertaker,* Wm J Trachsel

*Place of Business,* 65 Metcalf St

C. H. Pritchett, M. D.
Medical Attendant.

*Address,* Maternite Hospl

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

42.74 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93128 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} No name Coptain & Scarlet not " "

*Sex, Male or Female,* {Cross out the word not required in this line.} Female } Parents

*Age,* ——— *Years,* ——— *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City V

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 22 Sassafras St.

*Cause of Death,* First (Primary), Infantile Marasmus

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 9th 1886

*Undertaker,* Wm J Fackner } Wm H Hendrix *M. D.*

Medical Attendant.

*Place of Business,* 615 S Eutaw St *Address,* Cor Columbia & Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23129 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Fisher

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* — *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During life.

*Place of Death,* {Give Street and Number.} 276 Eutaw St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions Exhaustion.

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 10 - 1886

*Undertaker,* W W Madden

*Place of Business,* 46 East Pratt *Address,* [illegible]

Whitefield Turner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to the Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93130 *Office of Registrar of Vital Statistics.* Ward 4 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Thomas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* — *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States if of foreign birth.} Bellefontaine, Ind.

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* {Give Street and Number.} 30 East St.

*Cause of Death,* First (Primary), Pneumonia (Catarrhal)

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 10 1886

*Undertaker,* P. F. Maddux

*Place of Business,* 46 East St

Wm H Thomas M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 93131

*Office of Registrar of Vital Statistics.*

3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 10 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius LeBrun

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* one *Months,* Eleven *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 99 S. Register St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* Seven days

All the above Information should be furnished by the Physician.

*Place of Burial,* Holli Cross St

*Date of Burial,* July

*Undertaker,* Wendell Bissel

*Place of Business,* 151 E Bond

W. E. Fooks M.D.,
Medical Attendant.

*Address,* 241 E Balto St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93132 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Real

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 35 *Years,* 7 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Carter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 35 7 & 2.

*Place of Death,* {Give Street and Number.} No 128 Ridgeley St.

*Cause of Death,* First (Primary),

Second (Immediate), Bilious Fever

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 11th 1886

R. C. Lee M. D.
Medical Attendant.

*Undertaker,* Julius Kochler

*Place of Business,* Sharp & Cross Sts *Address,* Hanover St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93133 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 10 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Coligny

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~

*Age,* —— *Years,* four *Months.* —— *Days.*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Collings Courth

~~*Duration of Residence in the City of Baltimore.*~~

*Place of Death,* {Give Street and Number.} 446 Saratoga St.

*Cause of Death,* First (Primary), Cough

Second (Immediate), Hooping cough

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 10th 1886

*Undertaker,* W. Cadraan

*Place of Business,* 227 Hartford Ave

Ad. Boehm, M. D.
Medical Attendant.

*Address,* 719 Hanover St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 93134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 10 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia R. Myers.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 42. *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Montgomery Co. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 183 Fulton Ave.

*Cause of Death,* First (Primary,) Organic disease of Heart.

Second (Immediate,) — Neuralgia — 1 Month.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Montgomery Co. Md.

*Date of Burial,* July 11th 7.20 Am

*Undertaker,* Henry T Mitchell

*Place of Business,* 63 S. Broadway

C. F. Bevan M. D.

Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o

# Board of Health, City of Baltimore.

Permit No. 93135

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH

*Date of Death,* July 10 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis E. Geddes

*Sex, Male or Female,* { Cross out the word not required in this line. } ~~Male~~ Female

*Age,* 9 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } 420 E. Monument

*Duration of Residence in the City of Baltimore,* 9

*Place of Death,* { Give street and number. } 524 Jefferson st

*Cause of Death,* First, (Primary.) Enteritis,

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 11/86

*Undertaker,* Wm S Fry

*Place of Business,* 81 & Broadway

Gus Barkman M.D.,
Medical Attendant.

*Address,* 380 E. Fayette

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93136 — *Office of Registrar of Vital Statistics.* — Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Buckley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 5 *Months,* 28 *Days*

*Color,* White

*~~Married~~, Single, Widow ~~or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 2 Hatton St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem'y

*Date of Burial,* July 11, 1886

*Undertaker,* Henry Koch

*Place of Business,* 309 N Central Av *Address,*

Jno. Brooke Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93137 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Vasalick

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 17 Cambridge Street

*Cause of Death,* First (Primary), .....

Second (Immediate), Inanition

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* First Evangelical cem'y

*Date of Burial,* July 10th 1886

*Undertaker,* H Schnauber Son

*Place of Business,* 250 Eastern ave *Address,* Canton

Thomas Clemens M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 7815 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Idaell Brooks

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 0 *Months,* 8 *Days*

*Color,* Light copper

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give Street and Number.} No 27 S George st

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* July 10 1886

*Undertaker* Alex Hunsley

*Place of Business,* Merchandise

Benj F Bohrer M. D.
Medical Attendant.

*Address,* Cor Mulberry & Greene

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93139 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. 74

*Date of Death,* July 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Norris

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* 43 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ~~During life~~.

*Place of Death,* {Give Street and Number.} Balto. Infirmary.

*Cause of Death,* First (Primary), Locomotor Ataxia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 10th 1884

*Undertaker,* Denny & Mutchow

*Place of Business,* 53 & 0 W. Fayette St.

J. Ridley Nott M. D.
Medical Attendant.

*Address,* Balto. Infirmary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93140 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Feby 7 - 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 41 Stockholm St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Spasms

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shark's Cem-y

*Date of Burial,* Feb 11 1896

*Undertaker,* Hughes

*Place of Business,* 98 Broadway

C. E. Booze M. D.
Medical Attendant.

*Address,* 197 Shakspeare

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93141 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Davis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} Cor. Pratt and Eutaw

*Cause of Death,* First (Primary), Softening of Brain

Second (Immediate), 14 Years

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 10 1886

*Undertaker,* W H Chase

*Place of Business,* 198 Howard

G. N. Ames M. D.
Medical Attendant.

*Address,* 193 Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93142 *Office of Registrar of Vital Statistics,* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 9. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Beadle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 1 *Months,* 14 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Cathedral

*Date of Burial,* July 10 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office

Thos. J. Ware M. D.
Medical Attendant.

*Address.* 127 St Paul St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93143 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 8th July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Rodenmayer

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 202 N. Calhoun st.

*Cause of Death,* First (Primary), organic disease of the cerebro-spinal

Second (Immediate), exhaustion

*Duration of Last Sickness,* 2 or 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* July 10th 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave

John Hood, M. D.
Medical Attendant.

*Address,* 594 W. Fayette st.

~~S.A.A. Royal & Boundary ave's~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 73144 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Price

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* 4 *Months,* 4 *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.} √

*Occupation,* House Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 187 N. Fremont

*Cause of Death,* First, (Primary,) Congestion of lungs—with Kidney. heart & liver complications

Second, (Immediate,) do

*Duration of Last Sickness,* In bed about a month

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cemetery

*Date of Burial,* July 11th

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Balto St. *Address,* 317 Madison Ave

Dr. Casey Kenny M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Health Department, City of Baltimore.

Permit No. 9345 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Downy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* 4 *Months,* 0 *Days*

*Color,* Light brown

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 4 Months

*Place of Death,* {Give Street and Number.} No 2 Waters Court

*Cause of Death,* First (Primary), Hot weather

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemetery

*Date of Burial,* July 9/86

*Undertaker,* F A Kuchnes

*Place of Business,* 30 Hanover St

Bayard H Bohrer M. D.
Medical Attendant.

*Address,* Cor Mulberry & Green Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93146 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Dixon

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 15 *Months.* *Days*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dealaware & Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 23 Jefferson St

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 11th 1886

*Undertaker,* J J Locke

*Place of Business,* 173 Jefferson st

Impellieri M. D.
Medical Attendant.

*Address,* 179 E Monument St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93147 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

13

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Lynn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 44 Hanstead st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 11th/88

*Undertaker,* J. J. Locke

*Place of Business,* 473 Jefferson

Thos. J. Simms M. D.
Medical Attendant.

*Address,* 42 N. Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9348 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 "86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian R. Gray

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* 21 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 3 Bethel Court

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Thrush

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 10 "86

*Undertaker,* Chas Kemsley

*Place of Business,* Orchard St. *Address,* Druggist & C

James A Steuart M. D.

~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

J. V. Fitzpatrick Sanitary Inspector

...Duration of Disease on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93149 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Broda

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 3 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* 2

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 320 Alice Anna St

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate),

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 10 86

*Undertaker,* Felix Brosbiak

*Place of Business,* 215 S Bond St *Address,* 243 Alice Anna St

John H Kelberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93150 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Kupjinski

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 127 Canton Av.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cem

*Date of Burial,* July 11 86

*Undertaker,* Ellis & Brosbach

*Place of Business,* 215 S Bond St

John H Rehberg M. D.
Medical Attendant.

*Address,* 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93151 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Long

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* His Life, Since

*Place of Death,* {Give Street and Number.} 247 N Carolina St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem.

*Date of Burial,* July 11th 86

*Undertaker,* J. G. Franc

*Place of Business,* Bank & Wolfe Sts. *Address,* 146 Eastern Ave

Thomas Orth M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93152 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carzan Reech (Reck)

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 1 *Years* 3 *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 81 h. Hoffe

*Cause of Death,* First (Primary), Diarrhea

Second (Immediate), Eclampsia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug 10th 86

*Undertaker,* G. Trance

*Place of Business,* Ford & Hoffe *Address,* 245 S. Summers

J Mathieu M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93153. *Office of Registrar of Vital Statistics,* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B. Yingling

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* 6 *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Can Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Life-time.

*Place of Death,* {Give Street and Number.} # 82 Lancaster St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 11th 1886

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts. *Address,* # 143 Alice Anna

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93154 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 10. 7. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Pabst

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,* Druggist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* All time

*Place of Death,* {Give Street and Number.} 227 Franklin St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* A Long While

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park Cemetery

*Date of Burial,* July 12th 1886

*Undertaker,* A. Rohde.

*Place of Business,* 45 Lemmon Avenue Address.

Louis Chas. Pabst M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93155 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE NORTHERN RAILROAD CO. BALTIMORE, MD.

# CERTIFICATE OF DEATH.

a

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward McGlone

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 15 Liberty al.

*Cause of Death,* First (Primary), Alcoholism

Second (Immediate),

*Duration of Last Sickness,* 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* July 1886

*Undertaker,* Jas P Byrne

*Place of Business,* Fruitst

Edwin B. Fenby, M. D.
Medical Attendant.

*Address,* 283 N. Eden st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93156 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franciska Hartmann

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* one *Years,* one *Months.* fourteen *Days*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hasselberger's Court

~~*Duration of Residence in the City of Baltimore,*~~

*Place of Death,* {Give Street and Number.} Hasselbergers Court

*Cause of Death,* First (Primary), Hooping cough

Second (Immediate), Measels and Spasmons

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* July 10

*Undertaker,* B. Ward

*Place of Business,* 8 P Work St

Ed. Boehm, M. D.
Medical Attendant.

*Address,* 119 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9315 *Office of Registrar of Vital Statistics,* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stimmer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 11 *Months,* — *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime. {Resided 64 Durst alley}

*Place of Death,* {Give Street and Number.} Found drowned at Simmons Wharf foot of West street.

*Cause of Death,* First (Primary) Drowning

Second (Immediate), Asphyxia.

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer.

*Date of Burial,* July 12

*Undertaker,* B. Wade

*Place of Business,* 82 West St

F. J. Flannery M. D.

Coroner ~~Medical Attendant.~~

*Address,* 404 Dr. Hill ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to those on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23158. *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Allen and Stella

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 15 *Days*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 272 Gough St.

*Cause of Death,* First (Primary), Membranous Croup (Sequeae of Measles)

Second (Immediate), Apnoea

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 10th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 51 N Broadway

Ed B Britton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 93159 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

03

*Date of Death,* July 8th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isadel Eichbaum

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 11 *Months,* *Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 118 E. Lanvale st

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* July 11th 1886

*Undertaker,* Henry Mitchell

*Place of Business,* 68 S. Broadway Address,

D. J. Gately M. D.
Medical Attendant.

Address, 2418 E. Monument

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

(10-1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Barron

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 89 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ~~Sin~~ Widower

*Occupation,* Farmer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and number.} 60 Mulberry St

*Cause of Death,* First (Primary,) Old age

Second (Immediate,) Diarrhea

*Duration of Last Sickness,* 1 week about

All the above information should be furnished by the Physician.

*Place of Burial,* St Charles Church Pikesville Baltimore

*Date of Burial,* July 11 1886

J. E. Lindsay M. D.
Medical Attendant.

*Undertaker,* A Rountzahn

*Place of Business,* 70 Mulberry St *Address* 23 Read St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Board of Health, City of Baltimore,

Permit No. 93161 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Opfermann

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 67 *Years,* 8 *Months.* 19 *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

*Occupation,* ~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany Hastenbeck

*Duration of Residence in the City of Baltimore,* 38 Years

*Place of Death,* {Give street and number.} 232 Lexington St

*Cause of death,* First, (Primary,) Ovarian Tumor, Old age.

Second, (Immediate) Exhaustion

*Duration of Last Sickness,* Sixteen Years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 11.

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle St

J. M. Jordan M. D.,
Medical Attendant.

*Address,* 632 Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93162 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ora Miller

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 116 McKim

*Cause of Death,* First (Primary),

Second (Immediate), Diptheria

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 17th 1886

*Undertaker,* Wm Haven J. Ridgway Butler M. D.

Medical Attendant.

*Place of Business,* 202 Pulaski *Address,* 121 E Baltimore st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93163 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Kalb

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 8 *Days*

*Color,* wh

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt city —

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 34 N Bond St

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Convulsions

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Mound Carmel asn

*Date of Burial,* July 12th

*Undertaker,* W Elliott Young & Co

*Place of Business,* 253 E. Lombard St

E B Britton M. D.
Medical Attendant.

*Address,* 51 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93164 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF BIRTHS BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Blake

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} No 15 Chestnut st

*Cause of Death,* First (Primary),

Second (Immediate), Cancer of the breast

*Duration of Last Sickness,* about 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe st cemetery

*Date of Burial,* July 10 1886

*Undertaker,* William H Dunge

*Place of Business,* 62 East st

C. K. Warner M. D.
Medical Attendant.

*Address,* 28 Stricker st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9165

*Office of Registrar of Vital Statistics.*

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christy G Bauer

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days*

*Color,* Colored

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ellicott City

*Duration of Residence in the City of Baltimore,* About 40 years

*Place of Death,* {Give Street and Number.} 38 Richmond St

*Cause of Death,* First (Primary), Cancer in region of Stomach

Second (Immediate), " " " " "

*Duration of Last Sickness,* Eight Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 10 1886

*Undertaker,* W. H. Bishop & Elias G Price M. D.

Medical Attendant.

*Place of Business,* 97 Division *Address,* 262 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

Full birth place &c

[OVER.]

# Board of Health, City of Baltimore.

20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Holland

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 2 *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 78 Pattison av

*Cause of Death,* { First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 11th 1886

*Undertaker,* F & A Bishop

*Place of Business,* 97 Druid Hill av

Edw Janney M. D.
Medical Attendant.

*Residence,* 58 N Grove st
Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

# Health Department, City of Baltimore.

Permit No. 93167 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Williams Kemp

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — 3 *Months,* — *Days* ✓

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 131 S. Hanover St

*Cause of Death,* First (Primary), —

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 11th 1886

*Undertaker,* J. B. Cook

*Place of Business,* W. Balto St

H. H. Goodman M. D.
Medical Attendant.

*Address,* 640 S. Lombard St

HEALTH DEPARTMENT JUL 1886 BALTIMORE

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93168 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 11 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9" 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Clark

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~~ *Years,* 11 *Months,* ~~~ *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 160 S. Dallas St

*Cause of Death,* First (Primary), ~~~

Second (Immediate), Diarrhea

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 11" 86

*Undertaker,* J. E. Grace

*Place of Business,* 142 S Caroline St *Address,* Cor Fleet & Bs

Jas A Steuart M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H Roberts Sanit Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 10 of Regulations on Page 2 of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93169 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JUL 12 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schmieger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 3 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 42 Abbott Str

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), —

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* H. Algansin Cemetery

*Date of Burial,* 11 of July

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Gay *Address,* Gay Str

Medical Attendant. Kohlmeier M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93170 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1886 BALTIMORE

*Date of Death,* July 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leitti Zambini

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* Eight *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Eight months.

*Place of Death,* {Give Street and Number.} 41 Eastern Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Five Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Pr. Vincent

*Date of Burial,* July 11th

*Undertaker,* W. D. Hall

*Place of Business,* 151 East

William J Cathell M. D.
Medical Attendant.

*Address,* 21 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23171 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1886 BALTIMORE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Laban

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} No 5 S. Wolfe St.

*Cause of Death,* First (Primary), Septicaemia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* July 12 1886

*Undertaker,* W. Dill

*Place of Business,* 154 Bond

E. P. Bons M. D.
Medical Attendant.

*Address,* 875 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93172 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 11 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Allen

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 4 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Life -

*Place of Death,* {Give Street and Number.} 89 Moores alley

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Spasms -

*Duration of Last Sickness,* about a week -

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 11th 1886

*Undertaker,* Alex Hensler

*Place of Business,* 116 Orchard

O. Edw. Janney M. D.
Medical Attendant.

*Address,* Balto. How. Dispensary 38 N Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93175 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1886 BALTIMORE

*Date of Death,* July 11, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Lennit

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 21 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 89 Mounta alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 12 1886

*Undertaker,* Wm Kennedy

*Place of Business* Hanover Road

O Edw Lamm M. D.
Medical Attendant.

*Address,* 58 N. Gamm St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93174 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 11 1886 BALTIMORE MD.

23

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Millan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 7 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} No 45 N. High St.

*Cause of Death,* First (Primary), Dentention

Second (Immediate), Entero-Colitis

*Duration of Last Sickness,* Ten (10) days

All the above information should be furnished by the Physician.

*Place of Burial,* Full Count Cemetery

*Date of Burial,* July 11.

*Undertaker,* J. Athens

*Place of Business,* 28 High St.

T. Miller M. D.
Medical Attendant.

*Address,* 1 So Exeter St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93175 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 11 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thompkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 3 *Months,* *Days*

*Color,* Colored

*~~Married, Single,~~ Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Mason

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 152 Pierce St.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 11th 1886

*Undertaker,* W. H. Madden

*Place of Business,* 46 East St

L. Fr. Hall M. D.
Medical Attendant.

*Address,* 175 N. Hiland

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93176 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 11 1886 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Mary J. Bolton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* ~~~ *Months,* ~~~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cecil County Md.

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} No 151 Dolphin Street

*Cause of Death,* First (Primary), Phthisis Pulmonary Complicated with Cardiac Disease

Second (Immediate), Spontaneous Gangrene of Lower Extremities

*Duration of Last Sickness,* Seven months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 12th 1886

*Undertaker,* Kelly Imkie & Son

*Place of Business,* Park & Saratoga

Jos. Lloyd Austin M. D.
Medical Attendant.

*Address,* 38 Mt. Vernon Place

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 93177 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lydia D. Butler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 68 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 174 Caithead St.

*Cause of Death,* First, (Primary,) Carcinoma Meri

Second, (Immediate,) Debility

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 12th 1886

*Undertaker,* Newell Eutaw & Hoss

*Place of Business,* Park & Saratoga

J. H. Butler M. D.,
Medical Attendant.

*Address,* 144 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93178 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 11 1886

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. William Bryant

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* ~ *Years,* 2 *Months,* 3 *Days*

*Color,* Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 Pearl St

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate), Tabes Mesenteric

*Duration of Last Sickness,* 21 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* July 11th 1886

James A Cleary M. D.

*Undertaker,* Wm J Gray

*Place of Business,* Mulberry St *Address,* Cem B & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

W E Roberts Asst. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93179 *Office of Registrar of Vital Statistics.* Ward 19 9

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie V. Denton

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 weeks *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 344 Hollins st

*Cause of Death,* First (Primary), "Cholera Infantum"

Second (Immediate), .....

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* July 12th 1886

*Undertaker,* [redacted] & Lash

*Place of Business,* 1607 W Balto St *Address,* .....

L. G. Linthicum M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93180 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 12 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Otremba

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 9 *Months,* ~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~ V

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 257 S. Bond St

*Cause of Death,* First (Primary), Pneumonitis

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 12, 86

*Undertaker,* Felix Bros Baltimore

*Place of Business,* 215 S Conk

John H. Relberger M. D.
Medical Attendant.

*Address,* # 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93181 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Morrison

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 53 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Heart Failure

*Duration of Last Sickness,* Few hours

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 12th 1895

*Undertaker,* Chas. A. J. Bruns

*Place of Business,* 1 & 2 E. Fay

William H. Glenn M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93182 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Page

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 10 *Months,* 14 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Warrenton Va

*Duration of Residence in the City of Baltimore,* 8 months

*Place of Death,* {Give Street and Number.} 303 Hoffman St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Inanition

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 12/86

*Undertaker,* Chas. T. Bevan

*Place of Business,* 271 S. Eutaw *Address,* 234 Madison Ave.

A. J. Bell M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93183 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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HEALTH DEPARTMENT JUL 12 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothy Bolley

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 2 *Years,* *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* + 35 Years

*Place of Death,* {Give Street and Number.} Good Samaritan Hospital

*Cause of Death,* First (Primary), Fibroid Tumor + Disease Ovaries

Second (Immediate), Septicemia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Church Hanover Branch Balt. & N. R. R.

*Date of Burial,* July 14/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. *Residence,* 307 Madison Av

B. B. Browne M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23184 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT, JUL 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Spelzing

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 9 *Months,* 10 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give Street and Number.} 13 Perry St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* July 12 1886

*Undertaker,* C. F. Krauss Son

*Place of Business,* 209 Hanover

Wm Gombel M. D.
Medical Attendant.

*Address,* 170 S. Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93185 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 12 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Heinrich Traupe

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 1 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 12 Bruns Alley

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 4 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park Cemetery

*Date of Burial,* July 12th 1886

*Undertaker,* H. Rohde

*Place of Business,* 48 Penna avenue, *Address,* 515 Penna Ave

L. Richter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93186 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 — "86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Ryan

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} Cor. Balto. & Liberty sts.

*Cause of Death,* First (Primary), Frac. of skull caused by being accidentally run over by

Second (Immediate), Instant death. & Car No. 18 Catonsville Line

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* holy cross cem

*Date of Burial,* July 12 86

*Undertaker,* James Glynn

*Place of Business,* 109 West st

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93187 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRY DISTRICT, JUL 12 1895 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 27 *Years,* ..... *Months,* ..... *Days*

*Color,* black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give Street and Number.} 61 [illegible]

*Cause of Death,* First (Primary), Acute Phthysis

Second (Immediate), .....

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 12 1895

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* [illegible]

W. B. Billingslea M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93188

## *Office of Registrar of Vital Statistics*

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 12 1886 BALTIMORE MD.

# CERTIFICATE OF DEATH. B

*Date of Death,* July 10th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Jones

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 6 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~Occupation~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 7 Madison Ave.

*Cause of Death,* First (Primary), Chol. Inf.

Second (Immediate),

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 12th 1886

*Undertaker,* Edwin B. Jenkins M. D.

Medical Attendant.

*Place of Business,* 1510 Howard St. *Address,* 283 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93189 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith B. McCormick

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* Two *Months,* Four *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore V

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 103 Barre St

*Cause of Death,* First (Primary), Acute Hydrocephalus

Second (Immediate), Coma

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Pk. Cemetery

*Date of Burial,* July 12th

*Undertaker,* F. M. Small

*Place of Business,* 131 Hanover St, *Address,* 33 Conway St

De Lancey H Barclay M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 95190 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 17 1895 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 11 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Hasler (Healey)

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 60 *Years,* *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give Street and Number.} 214 Ridgely St

*Cause of Death,* First (Primary), a

Second (Immediate), Phthisis

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem.

*Date of Burial,* July 13 /95

*Undertaker,* W. J. Tickner *Medical Attendant.* Horace Loftus M. D.

*Place of Business,* 65 S Eutaw *Address,* 46 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 93191 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christena Deana

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 10 *Months,* 2 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} [illegible]

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 19 Woodward Sh

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Enteritis

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* July 13th 1886

*Undertaker,* John S. Mackey

*Place of Business,* 150 Camden St

Geo D Mull M. D.
Medical Attendant.

*Address,* 158 Stiles

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93192 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 12 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 ~ 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma R. Turner

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 4 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 45 Penn

*Cause of Death,* First (Primary),

Second (Immediate), Cancer of Stomach

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 12th 1886

*Undertaker,* F. Lewis Schafer

*Place of Business,* 109 W Fremont

*Address,*

D. T. Hoffman M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93193 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 11th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magnus Roettger Jr.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 8 Months, 7 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 274 Columbia Ave.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 202 N. Dallas St.

*Cause of Death,* First (Primary), Entero-Colitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 13-1886

*Undertaker,* J. B. Cook

*Place of Business,* Balto. st. nr. Fremont Address, 28 S. Eden St

C. F. Maguire M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 93194 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 12 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary T. Schmaedl

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 177 Johnson St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Ebt Alfoms.

*Date of Burial,* July 13.

*Undertaker,* B Harle.

*Place of Business,* 82 West St.

L C Burch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
JUL 12 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Plummer Evans

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* One month *Days.*

*Color,* Colored *Sex,* Male.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 36 Ox Jord. St. Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 36 Ox Jord St

*Cause of Death,* First (Primary,) .....

Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 13th

*Undertaker,* Adley Hemsley J. E. Lindsay M. D. Medical Attendant.

*Place of Business,* 116 Orchard St *Address* 23 Reed St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 93196

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

C

*Date of Death,* July 11th/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Cooper

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* 0 *Months,* 0 *Days*

*Color,* Light brown

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} West Va

*Duration of Residence in the City of Baltimore,* 23 years

*Place of Death,* {Give Street and Number.} No 22 orchard

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Paralysis

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Swamp St Cemetery

*Date of Burial,* July 13 1886

*Undertaker,* Alex Hunsley

*Place of Business,* 116 orchard st

Benj L Bohrer M. D.
Medical Attendant.

*Address,* Cor Mulberry & Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93197

HEALTH DEPARTMENT
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 10. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalba C. Burley

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 62 *Years,* —— *Months,* —— *Days.*

*Color,* white

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balto Co. Md

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give street and number} 135 N. Carey

*Cause of Death,* First, (Primary,) Cancer at cardiac orifice of stomach - began in left breast - removed - returned second time

Second, (Immediate) stomach, which caused death -

*Duration of last Sickness,* Most 6 mos -

All the above information should be furnished by the Physician.

*Place of Burial,* Loyola Cem

*Date of Burial,* July 12, 1886

John J. King M. D.
Medical Attendant.

*Undertaker,* J. F. Cook

*Place of Business,* 707 N. Balto St *Address,* 215 N. Carrollton Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 93198 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* July 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hemrichs

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* 4 *Months,* 12 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 217 Scott st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Prostration

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Peter's Cem.

*Date of Burial,* July 12/86.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Baltimore

R. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule of Disease on

# Health Department, City of Baltimore.

Permit No. 93199 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 11. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton S Birch jr

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — V

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} 13 Wilkins ave

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lounden Park Cem.

*Date of Burial,* July 12/86

*Undertaker,* J. L. Cook

*Place of Business,* 707 W Balto St

James Boyley M. D.
Medical Attendant.

*Address,* 509 Wilkins Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93200 *Office of Registrar of Vital Statistics* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* JUL-11-1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Wm Bower

*Sex, Male or Female,* {Cross out the word not required in this line.} (Bower)

*Age,* — *Years,* 4 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 142 Mulberry St.

*Cause of Death,* First (Primary), Congestion of the Lungs —

Second (Immediate), Meningitis

*Duration of Last Sickness,* 1 week.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 12th

*Undertaker,* John J Cowan

*Place of Business,* 89 Hollins

Wm. H. B. Sellman M. D.
Medical Attendant.

*Address,* 46 W. Biddle St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the [illegible]

# Health Department, City of Baltimore.

Permit No. 93201 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

17

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Oliver Owen

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Engineer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Residence 156 Battery ave

*Cause of Death,* Was accidentally drowned off the Pungy Wm Fields Wharf at foot of Williams St.
First (Primary), Drowning
Second (Immediate), Asphyxia.

*Duration of Last Sickness,* ———

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 13th 1886

*Undertaker,* Armstrong Bros

*Place of Business,* 263 Light

Frank J Flannery M. D.
Coroner
Medical Attendant.
*Address,* 404 Dr. Hill ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE MD.

# Health Department, City of Baltimore.

Permit No. 93201/2 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Amendt

*Sex, Male or Female,* {Cross out the word not required in this line.} ?

*Age,* 1 *Years,* ? *Months,* ? *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ?

*Occupation,* ?

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} * 198 Eastern Av.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* 13 July

*Undertaker,* [illegible]

*Place of Business,* [illegible]

John H. Reiberger M. D.
Medical Attendant.

*Address,* *243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93203 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* JUL 11 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred'k May Graves

*Sex,* Male or Female, {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* — 2 — *Days*

*Color,* White

*Married, Single, Widow or Widdower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 251 N. Carey St.

*Cause of Death,* First (Primary), Valvular Dis. of Heart.

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mar. Green Cem.

*Date of Burial,* July 12th 1886

*Undertaker,* John Andrews

*Place of Business,* 1647 Grand Ave

Wm. H. B. Sellman, M. D.
Medical Attendant.

*Address,* 46 W. Biddle St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9320 f *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 11 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Krahler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 84 *Years,* 8 *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widower

*Occupation,* Nil

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Yrs. —

*Place of Death,* {Give Street and Number.} 209 Lombard

*Cause of Death,* First (Primary), Old age

Second (Immediate), asthenia

*Duration of Last Sickness,* days —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 14th

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Avenue

D. Buell M. D.

Medical Attendant.

*Address,* 143 E. Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93205 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inf. L. Wittig

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* 18 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Fort City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 297 E. Lanvelton Ave

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Meningeal Inflammation

*Duration of Last Sickness,* Cannot say Was not Called in a

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Dr. Geo. Was the previous Physician

*Date of Burial,* July 12/86 in Att.

*Undertaker,* Denny & Ketchen Thomas L. Hayes M. D.

*Place of Business,* 339 W Fayette *Address,* 297 E. Lanv. Ave

Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93206 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Schlert

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 1 Clement st Locust point

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Prostration

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Home.

*Date of Burial,* July 12th.

*Undertaker,* B. Hale

*Place of Business,* 82 West Street

C. L. Buddenbohm M. D.
Medical Attendant.

*Address,* 166 S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93207

## Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death.* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Myer Jr

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* —— *Months,* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 14 Wall st.

*Cause of Death,*
Coroners
First (Primary), Jury decided that he was killed by a stab around in the heart inflicted by his father Henry Myer Sr with a shoemakers knife Internal Hemorrhage.
Second (Immediate),

*Duration of Last Sickness,* 10 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 12

*Undertaker,* B. Ward

*Place of Business,* 82 West St.

Frank J. Flannery M. D.
Coroner
~~Medical Attendant~~
*Address,* 404 Dr. Hill ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93218 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick J. Wagner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 5 *Months,* 5 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 279 William St

*Cause of Death,* First (Primary),

Second (Immediate), Pulmonary Tuberculosis

*Duration of Last Sickness,* 2 3 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 13th

*Undertaker,* B. Hank

*Place of Business,* 82 West St *Address,* 152 Shurs St

R. J. H. Tull M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93209 *Office of Registrar of Vital Statistics,* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ✓ *Years,* 6 *Months.* ✓ *Days* ✓

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 88½ W. Balto St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 12th 1886

*Undertaker,* Henry L. Mears

*Place of Business,* #22 W. Fayette St

J. W. P. Bates M. D.
Medical Attendant.

Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93210 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 186

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hartman

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ ~~Months,~~ Three Weeks ~~Days~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 411 S Eutaw

*Cause of Death,* First (Primary), Premature Birth (7 months

Second (Immediate), Convulsions

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemitery

*Date of Burial,* July 12 / 86

*Undertaker,* Armstrong & Denney

*Place of Business,* Light & Mont Streets *Address,*

Frank Hartman M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H. L. Seward S. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93211 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Enger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 41 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Liftwagonmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 106 S Chapel St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* July 13th 86

*Undertaker,* G. F. Franc

*Place of Business,* Pont & Wolfe *Address,* 3 & E Balto St

E. T. Shuss M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to those on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93212 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* 5 *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 40 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} # 199 Hudson St.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 14th 86 John H. Rehberger M. D.

Medical Attendant.

*Undertaker,* G. Krance

*Place of Business,* Bank & Wolfe Sts. *Address,* # 1113 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93213 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E Hazelwine

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 9 *Months,* ____ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 81 Valentine Alley

*Cause of Death,* First (Primary), 1

Second (Immediate), Congestion of the Brain

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery.

*Date of Burial,* July 13 1886

*Undertaker,* Hercules Ross

*Place of Business,* 15 Eon Way. *Address,* 46 Hanover St

Thomas Cook M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 93214 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE

14

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Marie

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} C

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maternity

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Child's Hospital

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate), .....

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~London Park~~

*Date of Burial,* July 12

*Undertaker,* ~~C. H. Blizzard~~

*Place of Business,* 207 Dru *Address,* .....

C. T. Brown M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93215 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eames

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 46 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

*Occupation,* Wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~94~~ ~~Harlem Ave~~ West Point Va 6 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 94 Harlem ave

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate), " "

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* West Point Va

*Date of Burial,* July 12th 1886

*Undertaker,* Lemmy Whitehead

*Place of Business,* 66 S Broadway *Address,* 279 N Howard St

Thomas Obie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4278 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93216 *Office of Registrar of Vital Statistics.* Ward 8.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minty Deal

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Eighty *Years,* ~~*Months,*~~ ~~*Days*~~

*Color,* Brown

*Married*, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Coolr

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St Marys Co. Md?

*Duration of Residence in the City of Baltimore,* Fifie years

*Place of Death,* {Give Street and Number.} No. 160 Cathedrel St.

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Inanition

*Duration of Last Sickness,* Fifie weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount St-Cemetery

*Date of Burial,* July 13 1886

*Undertaker,* A&P Kemsley

*Place of Business,* 116 Orchard St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, also to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9321 7 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Callan

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 9 *Days.*

*Color,* W.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 36 S. Bond

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* July 12th 1886

*Undertaker,* Jos A Byrne

*Place of Business,* Fremont

Jno. S. Lynch M. D.
Medical Attendant.

*Address,* 18 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9218 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Charles Rock

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 3 *Years,* ..... *Months,* ..... *Days.*

*Color,* W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 10 S. Central Ave.

*Cause of Death,* First (Primary), Diphtheritic Croup

Second (Immediate), Apnoea

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Date of Burial,* July 12 1886

*Undertaker,* Henry McC Gilmor

*Place of Business,* ~~8~~ 11, Central Ave

Jno S Lynch M. D.
Medical Attendant.

Address, No 1 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93219 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Pinkney Faust

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Ls future

*Place of Death,* {Give Street and Number.} No 3 Caroll St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 13 1886

*Undertaker,* William Dunger

*Place of Business,* 62 East St

Wm S Warner M. D.
Medical Attendant.

*Address,* 288 N Stricker St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93240 *Office of Registrar of Vital Statistics,* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 12 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A Stuart.

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 1 *Years,* 3 *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 12 Bruce St.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 12 Bruce St.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* Ten days.

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Cemetery

*Date of Burial,* July 12. 1886

*Undertaker,* Williamson Bruce

*Place of Business,* 62 E. Fayette

Truman T Hill M. D.
Medical Attendant.

*Address,* 12 N. Calhoun

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93221 *Office of Registrar of Vital Statistics.* Ward 18a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without this Certificate.

HEALTH DEPARTMENT JUL 13 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Gladhauer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57. *Years,* 3. *Months,* 2. *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower~~:* {Cross out the words not required in this line.}

*Occupation,* Copper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany. 33 Yrs.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 55 Bentalo St.

*Cause of Death,* First (Primary), Consumption.

Second (Immediate), Asthma

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 13th 1886

*Undertaker,* Wm. L. Pauls

*Place of Business,* 66 Fred. St. *Address,* 837 E. Fayette St.

D. J. Baker M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93222 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 13 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Valentine

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} Castle Street near Chew Street

*Cause of Death,* First (Primary), Cause congenital

Second (Immediate), extreme exhaustion

*Duration of Last Sickness,* always sick

All the above information should be furnished by the Physician.

*Place of Burial,* Lexington Park Cem.

*Date of Burial,* July 13th 1886

*Undertaker,* John Kerr & Co. *Medical Attendant,* Milton N. Taylor M. D.

*Place of Business,* 382 Orleans *Address,* 138 N. Broadway

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 93223 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresia Alotz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 10 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 272 E. Chase St.

*Cause of Death,* First (Primary) Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Ten (10) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem'y

*Date of Burial,* July 12, 1886

*Undertaker,* Henry Heath

*Place of Business,* 369 N. Central Ave. Address.

C. W. Palmer M. D.
Medical Attendant.
272 E. Chase

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93224 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Robel

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 weeks *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ct,

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 6 Anthony st

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Inanition

*Duration of Last Sickness,* Several days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cmtery

*Date of Burial,* July 12. 1886

*Undertaker,* Henry Heath

*Place of Business,* 309 E Pratt st *Address,* 93 Valley

Baltimore, ..... M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93225 *Office of Registrar of Vital Statistics.* Ward 6!

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1894

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemuel Howard

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 20 *Years,* 9 *Months,* *Days*

*Color,* Negro

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Common Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 102 Druid Lane

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

*Duration of Last Sickness,* Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 19th

*Undertaker,* John E Grace

*Place of Business,* 1421 N. Caroline St *Address,* 1434 Eutaw St

D. Stuart M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93226 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Kues

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 142 Lancaster st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery.

*Date of Burial,* July 13th 86 *John H. Dehberger* M. D.

*Undertaker,* Filbert & Leach Medical Attendant.

*Place of Business,* 265 Alice st *Address,* # 143 Alice st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9322 7 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Segele

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* One *Months,* 16 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 69 Inc. Elderry St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Convulsions

*Duration of Last Sickness,* since its birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* 13th July 1886

*Undertaker,* Henry Kolmann

*Place of Business,* 63 N. Eden St

Francis A. Sauer M. D.
Medical Attendant.

*Address,* 105 N. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93228 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward K Beecher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 107 N Schroeder

*Cause of Death,* First (Primary), Bronchial Catarrh

Second (Immediate), & Pneumonia of 6 Weeks

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* July 13th 1886

*Undertaker,* Jno B Cook

*Place of Business,* No 707 W Balto

Edw F Mulholland
Medical Attendant.

*Address,* 283 N Lond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93229 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick A. Blakney

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 592 Hanford Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* July 13 1886

*Undertaker,* Wm H Hickman

*Place of Business,* 234 N Eutaw St *Address,* 229 E Pratt St

Wm. B. Billingslea M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93230 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRY DEPARTMENT JUL 13 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 12, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Wheeler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 609 N Gay St

*Cause of Death,* First (Primary), Placenta Previa

Second (Immediate), Puerperal Metritis

*Duration of Last Sickness,* nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 14, 1886

*Undertaker,* Henry Hoch

*Place of Business,* 309 N Central ave *Address,* 1631 Broadway

W. W. White M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9323/ *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT JUL 13 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fischer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* — *Months,* — *Days*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tailor.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 years.

*Place of Death,* {Give Street and Number.} 79 S. Wolf Str.

*Cause of Death,* First (Primary), Consumption,

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 14th 86

*Undertaker,* G. Franz

*Place of Business,* 79 & 81 Wolfe Sts. *Address,* 139 N. Calvert St

George A. Rohé M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93232

*Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

Fiedler

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Fiedler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 19 Common St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), ....

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* July 13th 86

*Undertaker,* P. G. Frames

*Place of Business,* Bank & Wolfe *Address,* ....

Cholera ... M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93233 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 - 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Stegman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* Dark

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Brick-Mason

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 102 Henrietta St.

*Cause of Death,* First (Primary),

Second (Immediate), Heart disease

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* July 14 1886

*Undertaker,* [redacted] Kemsley

*Place of Business,* [redacted] *Address,* 35-9 Barre st

J. Tyler Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9323 — *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th '86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline H. Nelson

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Somerset Co, Md.

*Duration of Residence in the City of Baltimore,* 26 yrs.

*Place of Death,* {Give Street and Number.} 258 Virginia Ave.

*Cause of Death,* First (Primary), Chronic Cystitis

Second (Immediate), Catarrh

*Duration of Last Sickness,* About 7 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* July 13. 1886

*Undertaker,* M. A Dawson

*Place of Business,* 44 S. Bway

John B. Thurmond M. D.
Medical Attendant.

*Address,* 6 W. Cold & Richmond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93236 — *Office of Registrar of Vital Statistics.* Ward 7"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 13 1886
BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 11, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary M. Lambert

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 371 N. Broadway

*Cause of Death,* First (Primary), Cortical congestion

Second (Immediate), Anasarca

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 13. 1886

*Undertaker,* H. A. Dawes

*Place of Business,* 74 S. Eutaw

H. G. Lamb M. D.
Medical Attendant.

*Address,* 372 E. Lee

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93236 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 13 1886
BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Powers

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 74 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 74 yrs

*Place of Death,* {Give Street and Number.} Durham St N Hoffman

*Cause of Death,* First (Primary), Coma & Bruise of right head

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 14th

*Undertaker,* Geo Schilling

*Place of Business,* 2 & 4 Holland Square

J. H. Buchanan M. D.
Medical Attendant.

*Address,* 1 Edmondson ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93237 *Office of Registrar of Vital Statistics.* **Ward** 18th

HEALTH DEPARTMENT
JUL 15 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malcom F. Wharton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Florida

*Duration of Residence in the City of Baltimore,* 5 Months

*Place of Death,* {Give Street and Number.} 454 Bank

*Cause of Death,* First (Primary),

Second (Immediate), Dysentary

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 14 86

*Undertaker,* W. J. Tickner

*Place of Business,* 65 Eutaw St *Address,* 146 Harrison St

Frederick Cole M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93238 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT JUL 13 1896 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 - 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Newton B- Schmitz

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 8 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 446- Penna Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 14

*Undertaker,* Walter Immel

*Place of Business,* 316 W Pratt

H J Howell M. D.
Medical Attendant.

Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93239 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1886 BALTIMORE MD.

54.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wilson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York V

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} St Josephs Hospital

*Cause of Death,* First (Primary), Hemiplegia

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balt Cemetery

*Date of Burial,* July 13th 1886

*Undertaker,* Lee, Riechard

*Place of Business,* Health Office *Address,* [illegible]

J. Ford Thomas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93240 *Office of Registrar of Vital Statistics* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Schueler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Two *Years,* One *Months,* Ten *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give Street and Number.} No. 142 S. Fremont St.

*Cause of Death,* First (Primary), Encephalitis

Second (Immediate),

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet.

*Date of Burial,* July 14th '86

*Undertaker,* P. H. Dill & Son

*Place of Business,* 183 Columbia Av. *Address,* Columbia Ave & Fremont St.

Louis A. Schmidt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93241 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT, JUL 13 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M Pauda

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* ~~~ *Months,* ~~~ *Days*

*Color,* White

*Married, ~~Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Retired Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Less Sixty

*Place of Death,* {Give Street and Number.} 146 N Calvert St

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 13/86

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 N Eutaw

C. H. Chew M. D.
Medical Attendant.

*Address,* 105 W Hoffman St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93242 *Office of Registrar of Vital Statistics.* Ward 12"

HEALTH DEPARTMENT JUL 13 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Reed

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

*Duration of Residence in the City of Baltimore,* Almost 68 Years

*Place of Death,* {Give Street and Number.} 127 McCulloh St

*Cause of Death,* First (Primary), ....

Second (Immediate), Old Age

*Duration of Last Sickness,* ....

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* July 14th 1886

*Undertaker,* Stewart Mowen

*Place of Business,* 35 Park ave *Address,* No 97 E Chase St

Thomas Shearer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93243 *Office of Registrar of Vital Statistics* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

74

*Date of Death,* July 12th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Gilchrist

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 Yrs

*Place of Death,* {Give Street and Number.} Md. General Hospital Grade Sy

*Cause of Death,* First (Primary), Pneumonia Lobularis

Second (Immediate), Stenosis Coronar

*Duration of Last Sickness,* 2 da

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cem.

*Date of Burial,* July 14th 1886

*Undertaker,* Wm Weaver

*Place of Business,* 1202 N. Eutaw St.

Medical Attendant, Jas. Dill M. D.

Resid. Address, Md. Gen. Hosp.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93144 *Office of Registrar of Vital Statistics.* Ward 7 a 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUL 13 1886 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 12 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Hayes

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Cabin Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} 27 Miller Street

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Heart Disease

*Duration of Last Sickness,* Five Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* July 13/86

*Undertaker,* Wm S Fry

*Place of Business,* 21 N Broadway

C H Phillips M. D.

~~Medical Attendant.~~ Coroner

*Address,* 101 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93246 — *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Brown

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 7 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 6 Stockholm St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), —

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 13th 1884

*Undertaker,* Armstrong Bros

*Place of Business,* 2637 Eight

Lud Bell M. D.
Medical Attendant.

Address, 16 S Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9324 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 13 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH

*Date of Death,* July 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie V. Meedinger

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 6 weeks ~~Months,~~ ~~Days~~

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 324 E. Chase St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 14th 1886

*Undertaker,* W. C. Fiehman

*Place of Business,* N. Gay St *Address,* James A. Stewart M.D. Asst. Health Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John M. D. Grey Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23247 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hansen

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 9 *Months,* 12 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 134 N. Caroline St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Convulsion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 13th

*Undertaker,* John E Grace

*Place of Business,* 142 N. Caroline St. *Address,* No 105 E. Central Ave.

Francis A. Sauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93248 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith L Harrington

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... 7 *Months,* 23 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 325 Franklin St

*Cause of Death,* First (Primary), Nutrition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Cem

*Date of Burial,* July 14th 1896

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 55 N Green St

W. T. Hunt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUL 13 1886 BALTIMORE MD

16

Permit No. 93249 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 12" 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances J Bonsal

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 1 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 141 S Fremont St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 14 1886

*Undertaker,* Geo B Loch

*Place of Business,* 1707 W Baltimore

Geo R Graham M. D.
Medical Attendant.

*Address,* 12 Columbia Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93250 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Pinkney Wolf

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 833 E. Baltimore St.

*Cause of Death,* First (Primary), Thrush

Second (Immediate), Prostration

*Duration of Last Sickness,* A few days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 13th 86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 584 W. Fayette St.

G. H. Wentzel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9325 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1896 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 12

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Leaman

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* ..... *Years,* 21 *Months,* ..... *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1042 Hill St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 14 1896

*Undertaker,* Levi Sehlosman

*Place of Business,* 181 Sharp St.

I. C. Bunch M. D.
Medical Attendant.

*Address,* 15 1 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

18 81

Permit No. 93252 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 13 1881 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 13: 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Reed

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 9 Months, 19 Days

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italia and

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 2 Woodward Ct

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Three 3/ Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* July 14th 1881

*Undertaker,* Wm. J. Kiehner

*Place of Business,* Cor Eutaw St Address, 38 W Lombard St

H. L. Slein M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93253 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 13 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schmert

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 0 *Months,* 22 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 333 Aisquith st

*Cause of Death,* First (Primary), .....

Second (Immediate), unknown

*Duration of Last Sickness,* a few hours

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 14th

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland & Eutaw *Address,* 228 E. Pratt st

M. B. Billingslea M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93254 *Office of Registrar of Vital Statistics.* Ward 2 "1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1894

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents} Lizzie Schopf

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 1149 Shakespeare Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Tuberculosis Meningitis

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 14

*Undertaker,* H. Lapp

*Place of Business,* 1711 Bank *Address,* 125 Aisquith

L. Altenderfer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93455 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. JUL 14 1886

## CERTIFICATE OF DEATH.

*Date of Death,* ~~June~~ July 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph LeCuyer

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 58 *Years,* — *Months,* — *Days*

*Color,* Wht.

~~Married, Single, Widow~~ or *Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Canada

*Duration of Residence in the City of Baltimore,* 5 yrs.

*Place of Death,* {Give Street and Number.} S. E. Cor. Balto. & Calvert.

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), —

*Duration of Last Sickness,* Instant death.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 14th 1886

*Undertaker,* Henry W. Spears

*Place of Business,* #25 W. Lafayette St. *Address,* Coroner.

Alexander Hill, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93256 *Office of Registrar of Vital Statistics.* Ward 1 st 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mertel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... 7 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since born

*Place of Death,* {Give Street and Number.} 200 Gough st

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* since born

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 14

*Undertaker,* Wm L Boyd

*Place of Business,* 121 E Bdwy

D. G. Dausel M. D.
Medical Attendant.

*Address,* 325 E. Balto st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

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Permit No. 93257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Grant

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* ~~~~~~~~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number} 21 Candle alley

*Cause of Death* {First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cem.

*Date of Burial* July 14th 1886

*Undertaker,* Wm. Jas. Gary

*Place of Business,* 65 Mulberry st

F. L. Keller M. D.
Medical Attendant.

*Address,* 146 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93258 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or longer if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Weber a

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt^e City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 225 Gay St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Ohef Shalom Cemetery

*Date of Burial,* July 14

*Undertaker,* J. Theus

*Place of Business,* 28 High St *Address,*

A. R. Tuttle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93459 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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## CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD.

*Date of Death,* July 13, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dreodo

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 46 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Septicaemia

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cem'y

*Date of Burial,* July 14th 1886

*Undertaker,* Geo. Rueckert

*Place of Business,* Health office *Address,* City Hospital

William H. Glenn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93260 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 12, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gabriele Fabi

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 23 *Years,* ____ *Months,* ____ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* One month

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Burn

Second (Immediate), Shock

*Duration of Last Sickness,* 60 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* July 14th 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office *Address,* City Hospital

William S. Gardner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93261 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 13th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas F. Williams

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 5 *Months,* 0 *Days*

*Color,* Light brown

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give Street and Number.} No 5 L Pratt St

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Acute Meningitis

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 14th 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St

Benj F Bohrer M. D.
Medical Attendant.

*Address,* Cor Mulberry & Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93262 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Balt. July 18th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Wolfinger

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 19. *Years,* 7. *Months,* ~~1~~ *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* allways in Balt.

*Place of Death,* {Give Street and Number.} 230 Saratoga

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 6 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* July 15.

*Undertaker,* Walter Immel

*Place of Business,* 315. W. Baltimore *Address,* 226 Mulberry St.

Louis E. Horn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93263 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or sooner, if~~ requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 18[illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Austin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* B C R

*~~Married~~, Single, ~~Widow or Widower~~* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~Ire~~ Maryland Balto Co.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 3 Redmans Ct (Redding)

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 10 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Mark St Cemetery

*Date of Burial,* July 14 1886

*Undertaker,* Hartsuber Bros

*Place of Business,* 95 Eastern Ave *Address,* Reese & Faulkner

R H Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 93264

*Office of Registrar of Vital Statistics.* 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 14 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 14th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Webster Schaeffman McAllister McAllister

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 Years, 10 Months, 18 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 78 Bruns St. Baltimore.

*Duration of Residence in the City of Baltimore,* During its life,

*Place of Death,* {Give street and number.} 78 Bruns St. Baltimore,

*Cause of Death,* First, (Primary.) Born prematurely

Second, (Immediate.) Lack of vitality. Exhaustion.

*Duration of Last Sickness,* Never well

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 14th 1886

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N Fremont St

E. Taylor Morris, M.D.
Medical Attendant.

*Address,* 78 Harlem Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Return.

# Health Department, City of Baltimore.

Permit No. 93265 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* 13th July 1886.

*Full Name of Deceased,* {Write legibly and Spell correctly. If an Infant not named, give names of parents.} Maria Jasmulowska

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} C

*Age,* 2 *Years,* *Months,* *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime.

*Place of Death,* {Give Street and Number.} S. Ann Street 28.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* 11 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Stephens Cr.

*Date of Burial,* July 14. 1886.

*Undertaker,* Felix Broskosky.

*Place of Business,* 215 S. Ann St.

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe & 11th.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superinteading the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93266 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Atkinson Reed

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* 2 *Months,* 4 *Days.*

*Color,* W.

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 132 N Carey

*Cause of Death,* First (Primary),

Second (Immediate), Paresis

*Duration of Last Sickness,* about 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 15/86

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette

W. McKim M. D.
Medical Attendant.

*Address,* 582 W. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 93267 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12, ~~1883~~ 12, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Knowles,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} a

*Age,* 55 *Years,* 8 *Months,* 2 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 42 N Front St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 14, 1886.

*Undertaker,* Wm. H. Hickman. *M. D.*

Medical Attendant.

*Place of Business,* 2340 Gay *Address,* 133 N Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93268 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUL 14 1886 BALTIMORE, MD.

*Date of Death,* July 13/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Weisner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 4 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 214 N. Durham St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* one week

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* July 14th 1886

*Undertaker,* Wm. Handley & Son

*Place of Business,* 252 Aisquith *Address,* 50 N Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 95269 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Seifert

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 3 *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*~~Occupation~~*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Cor Lancaster & Luzerne St

*Cause of Death,* First (Primary), Measles

Second (Immediate), Meningitis

*Duration of Last Sickness,* 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 14th 1896

*Undertaker,* Wm Sanders & Son

*Place of Business,* 422 Lanvale St

Thomas B. Evans M. D. Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93270 ***Office of Registrar of Vital Statistics.*** **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 13, 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Carver

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Foreman Telegraph Builder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pa.

*Duration of Residence in the City of Baltimore,* 2 months

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Menengitis

Second (Immediate), Heart failure

*Duration of Last Sickness,* Not known

All the above information should be furnished by the Physician.

*Place of Burial,* Philadelphia Pa

*Date of Burial,* July 15th 1886

*Undertaker,* Henry W. Means

*Place of Business,* # 22 W. Fayette St *Address,* City Hospital

William Blamer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4279 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93271

## Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

D

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Hymes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 9 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul St

*Cause of Death,* First (Primary),

Second (Immediate), Diarrhea

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 14th 1886

*Undertaker,* Geo Kimball

*Place of Business,* Health Office

Thos. J. Ward M. D.
Medical Attendant.

*Address,* 127 St Paul St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93272 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPART... JUL 14 18... BALTIMORE...

*Date of Death,* July 13. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bauer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 12. *Days*

B

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} +

*Occupation,* +

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} — City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 14 N. Chapel St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Cholera Infantum, Convulsions.

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 14th 86

*Undertaker,* J. G. France

*Place of Business,* Bank & Wolfe Sts. *Address,* 96 S. Ann St.

A. J. Gonzales, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93273 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Duffy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 457 E. Fayette

*Cause of Death,* First (Primary),

Second (Immediate), Tetanus

*Duration of Last Sickness,* Two day

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 14th 86

*Undertaker,* G. Franc

*Place of Business,* Dant & Wolf's *Address,* [illegible]

[illegible] M. D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93274 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicolaus Denman

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... 9 *Months,* ..... 7 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* ever since born

*Place of Death,* {Give Street and Number.} 39 N. Durham St

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), .....

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 15th 86

*Undertaker,* G. Francis

*Place of Business,* Dant & Wolfe Co. *Address,* 325 E. Balto St

P. L. Daniel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. -[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93275 — *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Margaret Stroh

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X / X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 87 Eastern Avenue

*Cause of Death,* First (Primary), Exhaustion & Obstruction Heat

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* July 15 86

*Undertaker,* Michael Funk

*Place of Business,* 35 Bank St *Address,* 299 E Balt. St

James E Lemmon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93276 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter L Hill

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* 22 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 75 Hollins St

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 113 Lexington St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 14th 1886

*Undertaker,* John J Andrews

*Place of Business,* No 16 Druid Hill Ave

Hill M. D.
Medical Attendant.

*Address,* 359 Mountain St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

8

Permit No. 93277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

Date of Death, July 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Haurally

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, [illegible] Years, 17 Months, 28 Days.

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 76 Richmond St

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 76 Richmond St

Cause of Death { First, (Primary.) Cholera Infantum
Second, (Immediate.) Exhaustion

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 14/86

Undertaker, Chas. T. Scriven

Place of Business, 27 N. Eutaw St

Geo. G. Brewer M. D.
Medical Attendant.

Address, 136 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93278 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1886 BALTIMORE, MD.

*Date of Death,* July 14 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St. Vincents Infant Asylum

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 30 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* July 15th 1886

*Undertaker,* Frank Smith R. H. Goldsmith M. D.
Medical Attendant.

*Place of Business,* Division St. *Address,* Harlem ave & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93279 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 14
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 / 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary.

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} F

*Age,* — *Years,* 7 *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cem.

*Date of Burial,* July 15. 1886.

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* Harlem Ave & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93280 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enoch Pratt Holden

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* 9 *Months,* 19 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Mass

*Duration of Residence in the City of Baltimore,* about 50 years

*Place of Death,* {Give Street and Number.} 44 George St

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Coma

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 15th 1886

*Undertaker,* Wm Shaver David Pettigrew M. D.

Medical Attendant.

*Place of Business,* 202 N. Eutaw *Address,* 287 Druid Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93281 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Skeedy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Poland. 30 years in U.S

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 196 Lexington St.

*Cause of Death,* First (Primary), Tubercular Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 16th 1886

*Undertaker,* Wm Cadogan

*Place of Business,* 227 Mulberry St *Address,* Balt. Gen. Disp

Hector Warfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93282 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 '86 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Dunn.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Carpenter.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give Street and Number.} 534 W. Pratt St.

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate), " "

*Duration of Last Sickness,* One year.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 16th 1886

*Undertaker,* M. Cadogan

*Place of Business,* 227 Mulberry *Address,* 179 N. Howard

Thomas Opie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to L...

# Health Department, City of Baltim...

Permit No. 93283 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTME... JUL 14 ... BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wesley Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 7 Months, 16 Days.

*Color,* Light African

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Vincent Alley # 139

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cemetery

*Date of Burial,* July 14th 1886

*Undertaker,* Wm. H. Dungee

*Place of Business,* 42 East, St. *Address,* 129 N. Howard Street

L. G. Stamm M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93284 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Neff

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~Years~~, Four Months, ~~Days~~

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*~~Occupation,~~*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 108 Hughes Street

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home Cemetary

*Date of Burial,* July 15th 1896

*Undertaker,* ~~Wm. H. Hyde~~ James H. Clemens M. D.

*Place of Business,* 209 West Lt Address, Emory Gr & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. le Seward S. I.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 93285 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. son of Daniel & Amanda Snyder

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 2 8 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} Infant

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 118 S High St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem'ty

*Date of Burial,* July 14 1886

*Undertaker,* Jas C Byrne

*Place of Business,* 63 Front St *Address,* 88, E Balto

A L Shurtzer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

# Board of Health, City of Baltimore,

Permit No. 93286 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 14
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidney Jane Adams

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Harford County Md

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and Number.} Stockton Alley # 57

*Cause of Death,* First (Primary),

Second (Immediate) Disease of the Heart

*Duration of Last Sickness,* Died Suddenly

All the above information should be furnished by the Physician.

*Place of Burial,* Harford County Md

*Date of Burial,* July 16th 1886

*Undertaker* Alex Hensley

*Place of Business,* 116 Orchard *Address,*

L. G. Shannon M. D.
~~Medical Attendant.~~
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4280 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93287

*Office of Registrar of Vital Statistics.*

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

13

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Burks

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* [illegible] *Years,* 4 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 98 Lancaster St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Enteritis

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Calvary

*Date of Burial,* July 15th 1886

*Undertaker,* [illegible] Sanders & Son

*Place of Business,* 252 Canton Ave

[illegible] M. D.
Medical Attendant.

*Address,* 249 E Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 93288 *Office of Registrar of Vital Statistics.* Ward 1 CR

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Gorman

*Sex, ~~Male~~ or Female.* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 65 Quinby St

*Cause of Death,* First (Primary), Measles

Second (Immediate), Inflammation of Brain

*Duration of Last Sickness,* 6 days

the above information should be furnished by the Physician.

*Place of Burial* St Patricks cem

*Date of Burial,* July 15th 1886

*Undertaker* H. Sander & Son

*Place of Business,* 252 Caton Av *Address,* 108 Canton Av

J. H. Martin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 23289 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret L. Hollis

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 1 *Months,* 22 *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~XXXXXXXXXXXX~~ Nurse

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 907 N. Amity St

*Cause of Death,* First (Primary), Chronic Diarrhea

Second (Immediate), Dropsy

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* July 15 1886

*Undertaker,* Evans & Spence

*Place of Business,* 60 E. Balto. St. *Address,* [illegible]

[illegible] *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93290 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

D

*Date of Death,* July 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R Hausman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 3 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 113 Conway St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* About 5 Wks Short Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 16th

*Undertaker,* John J Brown

*Place of Business,* 89 Hollins St

J. E. Clapell M. D.
Medical Attendant.

*Address,* 765 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9329 / *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 13/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marg. Deiring

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Nun

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 yrs

*Place of Death,* {Give Street and Number.} 168 E. Rus.

*Cause of Death,* First (Primary), Cancer of uterus

Second (Immediate),

*Duration of Last Sickness,* 14 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* July 15th 1886

*Undertaker,* Fred Gaede

*Place of Business,* 298 S. Caroline Address, 52 S Broadway

R. W. Marshall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93292 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wekenman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 15 — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 157 West Fayette St., Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 157 West Fayette St.

*Cause of Death,*
First (Primary), Imperfect Development 7m = child =
Second (Immediate), Enteritis —

*Duration of Last Sickness,* lifetime —

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonous

*Date of Burial,* July 15th

*Undertaker,* John J Cowan

*Place of Business,* 89 Collins St

Wm. A. B. Dellman M. D.
Medical Attendant.

*Address,* 46 W. Biddle St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93293 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUL 15 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 13: 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V. Bowers

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, 1 *Months,* 13 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 55 Patapsco St

*Cause of Death,* First (Primary), Bronchial Catarrh.

Second (Immediate),

*Duration of Last Sickness,* One week.

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 15th 1886

*Undertaker,* W. J. Tickner

*Place of Business,* 65 S. Eutaw St

H. L. Green M. D.
Medical Attendant.

*Address,* 387 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 9329 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 14. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Lainhart

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 189 Catt St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 5 86

*Undertaker,* Wm J Tickner

*Place of Business,* 151 S Eutaw St *Address,* 146 Hanover St

Thomas Porter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93295 *Office of Registrar of Vital Statistics,* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1870 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 13 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael H Grady

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Since (5) Years

*Place of Death,* {Give Street and Number.} In water off new N C R R Wharf

*Cause of Death,* First (Primary), Accidental Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cem

*Date of Burial,* July 15. 1886

*Undertaker,* M A Hagen

*Place of Business,* 74 S Bway.

E Hall Pinkard M. D.
Attending Physician

*Address,* 101 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93296 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Eden

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Retired Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Born & Live Time

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 45 N. Glenwood

*Cause of Death,* First (Primary),

Second (Immediate), Old age.

*Duration of Last Sickness,* About 2 Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 16/86

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 N Fayette

W. R. McKim M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9327

## Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. D

*Date of Death,* July 13th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Coolahan

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 158 N. Calvert St.

*Cause of Death,* First (Primary), Cerebritis

Second (Immediate),

*Duration of Last Sickness,* About two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July - 14th 1886

*Undertaker,* Coolahan & Fanning

*Place of Business,* 158 & 160 N. Calvert St. *Address,* 115 W. Monument St.

C. O'Donovan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93298 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1886 8 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Hahn

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* 1 *Months,* 20 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Saloon

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cassel Germany

*Duration of Residence in the City of Baltimore,* 37 yrs

*Place of Death,* {Give Street and Number.} 35 h Frederick St

*Cause of Death,* First (Primary), Apoplexy = 12 hours.

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Com

*Date of Burial,* July 16 1886

*Undertaker,* John Kenney *Thos Shertzer* *M. D.*

Medical Attendant.

*Place of Business,* 382 Colum Ave *Address,* 88 E Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93299

*Office of Registrar of Vital Statistics.*

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dominico Petrou Donou

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 0 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Nine days

*Place of Death,* {Give Street and Number.} 85 S. Albemarle

*Cause of Death,* First (Primary), Summer Complaint

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cem

*Date of Burial,* July 15th

*Undertaker,* W. Oath

*Place of Business,* 161 E Balt

William J Cattell M. D.
Medical Attendant.

Address, 2 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 93309 *Office of Registrar of Vital Statistics.* Ward 2 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Julius Presprich

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 5 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} No 90 Eastern Av

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Exhaustion

*Duration of Last Sickness,* from his birth

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemy

*Date of Burial,* July 16th 1886

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Av

L. Ohnemus M. D.
Medical Attendant.

*Address,* 12 S Eden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93301 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

73

## CERTIFICATE OF DEATH.

*Date of Death,* July 13. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Gibson.

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* *Years,* 3 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Years

*Place of Death,* {Give Street and Number.} 52 Lars alley

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 16th 1886

*Undertaker,* [redacted]

*Place of Business,* [redacted]

C. L. Booze M. D.
Medical Attendant.

*Address,* 477 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93302 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1896 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 13, 1896.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 37 *Years,* —— *Months,* —— *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* Three years

*Place of Death,* {Give Street and Number.} On the Street, Allen near Front

*Cause of Death,* First (Primary), Aneurism of Arch of Aorta

Second (Immediate), Hemorrhage from rupture

*Duration of Last Sickness,* Not known.

All the above information should be furnished by the Physician.

*Place of Burial,* Washington Dc.

*Date of Burial,* July 15 1896

*Undertaker,* J T Donadee

*Place of Business,* 76 East Pr

Nelson S Glander M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4281 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93303 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Malyska

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 365 N Dunham St.

*Cause of Death,* First (Primary), Bilious Fever

Second (Immediate), Convulsions

*Duration of Last Sickness,* About one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. L. Cemetery

*Date of Burial,* July 15/86.

*Undertaker,* Frank Coach.

*Place of Business,* 249 N Dunham *Address,* 347 N. Broadway

J. B. White M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93304 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

13

*Date of Death,* July 13. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Stinger

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 343 Penna Ave

*Cause of Death,* First (Primary), Exhaustion of Malarious fever

Second (Immediate), Change of life

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Gettysburg Pa.

*Date of Burial,* July 16th 1886

*Undertaker,* Wm. S. Mercher,

*Place of Business,* 150 Camden St

J C H M. D.
Medical Attendant.

*Address,* 87 N Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4283 Transit

[OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 93305 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

D

*Date of Death,* Wednesday July 14th 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Thurza Harris

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 14 *Days,*

*Color,* Col'd

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 2 Hamilton St

*Cause of Death,* First (Primary). Inanition

Second (Immediate). .....

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery.

*Date of Burial,* July 15th 1886

*Undertaker* W. F. Madden

*Place of Business,* 446 East Lt.

E. Mc Mahon M. D.
Medical Attendant.

*Address,* 2 Hamilton St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93306 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 15 1887
BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th, 1887

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O'Flaherty

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 66 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give Street and Number.} No. 380 Bank st

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 15th 87

*Undertaker,* M. Clar[illegible]

*Place of Business,* [illegible] *Address,* [illegible]

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9337 *Office of Registrar of Vital Statistics.* Ward 2 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 15 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Krieg

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cety

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 324 S. Dallas St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* July 16th 1886.

*Undertaker,* Leonhard Kurz

*Place of Business,* 1277 S. Bond St. *Address,* 213 Aliceanna

John A. Kelbugen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 23308 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 16 1896
BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Healy

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~:* {Cross out the word not required in this line.} √

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 61 Booth St.

*Cause of death,* First, (Primary,) Phthisis

Second, (Immediate,) —

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 15

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

J. McCloskey M. D.,
Medical Attendant.

*Address,* 217 N Stricker

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 93309 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE JUL 15 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* 7—14—1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hackett

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 40 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Ind.

*Duration of Residence in the City of Baltimore,* 25 years or more.

*Place of Death,* {Give street and Number.} 11 Little Pink Street

*Cause of Death,* First (Primary),

Second (Immediate). Dropsy

*Duration of Last Sickness,* Nine years

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 15 1886

*Undertaker* Hercules R.R.

*Place of Business,* 95 Conway St

Woman's Med. Col. Disp.

Per. Caroline E. Smith M. D.

Medical Attendant.

*Address,* 145 Park ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23810 *Office of Registrar of Vital Statistics.* Ward 6er

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1886 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Staff

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 78 *Years,* *Months,* *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 43 Chatsfield St

*Cause of Death,* First (Primary), Conflagration with heart dis.

Second (Immediate), Senile exhaustion

*Duration of Last Sickness,* 8 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 16th 86

*Undertaker,* G. D. France

*Place of Business,* 1 Jonkers Wolfe St *Address,* [illegible]

[illegible] M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93311

*Office of Registrar of Vital Statistics.*

Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 15/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Spahn

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 67 n Chapel St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Athanasius Cem.

*Date of Burial,* July 16th 86

*Undertaker,* G. Deane

*Place of Business,* Bank & Wolfe *Address,*

J. H. Collenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 93312.

*Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Kerr

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 429 Paterson Park Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* July 16th 86

*Undertaker,* G. Franc

*Place of Business,* Ponk & Wolf *Address,* .....

W. D. ..... M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93313 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Irwin

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* [illegible] *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 172 Canton ave

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* July 15th 1886

*Undertaker,* Filus Bros Kowski

*Place of Business,* 215 S Conn St. *Address,* ~~Medical Attendant~~ James A. Hunt M.D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 93314 *Office of Registrar of Vital Statistics.* Ward 2d

HEALTH DEPARTMENT BALTIMORE JUL 15 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 14th. July 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Chodzicka

*Sex, ~~Male or,~~ Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* — *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During Lifetime

*Place of Death,* {Give Street and Number.} S. Registerstreet 172.

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate),

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 15, 86

*Undertaker,* Felix Broskowski

*Place of Business,* 215 S Ann St

William Henkel M. D.

Medical Attendant

*Address,* S. Wolfe St. 117.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 9335 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 13 1886
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

75

*Date of Death,* July 13th 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Taylor

~~Sex.~~ *Male* ~~or Female.~~ {Cross out the word not required in this line.}

*Age,* 84 *Years,* *Months,* *Days.*

*Color,* Colored

*Married,* ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.} ✓

*Occupation* Waiter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

*Duration of Residence in the City of Baltimore,* about sixty years.

*Place of Death,* {Give street and Number.} No 125 St. Paul's Street

*Cause of Death.* First (Primary), Gastric Irritation

Second (Immediate), Exhaustion from age.

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 15th 1886

*Undertaker* Samuel H Allen

*Place of Business,* 190 S. Howard St. *Address,* 58 N Liberty St.

B Stanley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 93316 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. 74

*Date of Death,* July 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother Ignatia Bandury

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* W

*~~Married~~, ~~Single~~, Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Religious

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} Carmelite Convent Caroline St

*Cause of Death,* First (Primary), Chronic Dyspepsia

Second (Immediate), Asthenia

*Duration of Last Sickness,* several years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Cathedral Cem

*Date of Burial,* July 16th 1886

*Undertaker,* Neufeldt & Kemp

*Place of Business,* Park & Saratoga

F. E. Chatard M. D.
Medical Attendant.

*Address,* 114 Park ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

*Permit No.* 93317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 15 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Irwin Howard

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* *Years,* 4 *Months,* 4 *Days*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number. } 424 Barclay St

*Cause of Death,* { First (Primary,) Cholera Infantum
Second (Immediate,) Inanition

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* July 16th 1886

*Undertaker,* Kelly Eutaw House

*Place of Business,* Park & Saratoga

J. E. Lindsay M. D.
Medical Attendant.

*Address* 28 Read St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 93318 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 14. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucas Bauerschub (Parents Names)

*Sex, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.} Female (Bauerschub)

*Age,* ..... *Years,* ..... *Months,* 15 Minutes *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 5 Middleman Ct

*Cause of Death.* {First (Primary), Convulsions

{Second (Immediate),

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial.* Mt Olivet Cem

*Date of Burial.* July 16 1886

*Undertaker,* Henry Hoch

*Place of Business,* 824 W Lexington Address.

T. R. Wilson M. D.

Medical Attendant.

537 E Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to [illegible]

# Health Department, City of Baltimore.

Permit No. 93319 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUL 15 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Maemer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 49 *Years,* 10 *Months,* —— *Days.*

*Color,* Colich

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Lamplighter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give Street and Number.} 258 E. Eutaw St

*Cause of Death,* First (Primary), Rheumatism & Chronic Diarrhoea

Second (Immediate), Asthenia

*Duration of Last Sickness,* Cannot say definitely

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* July 17 1886

*Undertaker,* Henry Hook

*Place of Business,* 309 N Eutaw St

J. W. Dyer M. D.
Medical Attendant.

Address. Cayer Carrollton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 93320 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 15 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Dorsey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 276 Battery ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 16th 1886

*Undertaker,* Daniel Flynn

*Place of Business,* 109 West St

O. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Front ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93321 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 13 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Mackey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 19 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Watch maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Ed S Howard St

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* July 16th 1886

*Undertaker,* J. H. Secwald

*Place of Business,* 35 S. Eutaw *Address,* 190 W. Lombard St

J. R. Wiley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93322 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OF BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 14th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G. Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 5 *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* [redacted]

*Birth Place,* {State and how long if of United States,} Baltimore

*Duration of Residence in the City of Baltimore,* ....

*Place of Death,* {Give Street and Number.} 162 Fairmount Av

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Enteritis

*Duration of Last Sickness,* 4 months

V

All the above information should be furnished by the Physician.

*Place of Burial,* In E Cemetery Philad

*Date of Burial,* July 15 86

*Undertaker,* Gobrecht Herring

*Place of Business,* 182 Orleans St

J. W. J. Endel M. D.
Medical Attendant

*Address,* 394 Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93323

*Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sally Bowie

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* ..... *Months,* ..... *Days*

*Color,* Cold

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Charlotte Co Va.

*Duration of Residence in the City of Baltimore,* 11 years -

*Place of Death,* {Give Street and Number.} 116 Bruce st

*Cause of Death,* First (Primary), Valvular Disease of Heart

Second (Immediate),

*Duration of Last Sickness,* Instantaneous death -

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,*

*Undertaker,* Harvey Stitt M. D.

*Place of Business,* Medical Attendant.

*Address,* 127 Arlington Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following certificate

[over.]

The Special Attention of Physicians is respectfully invited to the Returns as below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93323 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Bowie

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Charlotte Co Va

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give Street and Number.} Bruce Alley # 116

*Cause of Death,* First (Primary), Second (Immediate), Disease of the heart

*Duration of Last Sickness,* Died Suddenly

All the above information should be furnished by the Physician.

*Place of Burial,* Lowndes Cemetery

*Date of Burial,* July 16 1886

*Undertaker,* Wilbur Wenzer

*Place of Business,* 62 Bort st *Address,*

L. L. Spanow M. D.

Medical Attendant.

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93324 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Bentley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* 0 *Months,* 0 *Days.*

*Color,* Light Brown

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give Street and Number.} No 13 Harmony Lane

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Heart Disease

*Duration of Last Sickness,* abt one year

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 15 1886

*Undertaker,* Otis Hemsley

*Place of Business,* 116 Orchard St

Benj F Bohner M. D.
Medical Attendant.

Address, Cor Mulberry & Green sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93325 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loel Guttman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 81 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Secretary of Society

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 Years

*Place of Death,* {Give Street and Number.} N E Cor Lombard & Eutaw

*Cause of Death,* First (Primary), Congestion of Lungs superinduced by natural decay

Second (Immediate), Collapse

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Loyd St cemetery Belair Road.

*Date of Burial,* Friday July 16th 1886 4 P.M.

*Undertaker,* D. J. Sondheim

*Place of Business,* No 38 N Greene *Address,* 88 N Eutaw St

A. Friedenwald M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93326 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E. Diggs

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. all of life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} York St. near Eden

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 6th 1886

*Undertaker,* H. C. Rose

*Place of Business,* 45 Lexington St. *Address,* 177 Park St.

C. S. Booze M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9332cy *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarethe Dolde

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* 4 *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} # 119 Washington Ave

*Cause of Death,* First (Primary), Malarial Typhoid

Second (Immediate), Prostration

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Luth. Gen. Druid Hill Park

*Date of Burial,* July 16 1886

*Undertaker,* Th. J. Dell & son

*Place of Business,* 183 Columbia Av. *Address,* 166 S. Paca st

C. L. Buddenbohn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93328 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 13 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emory (Mother)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ ~~Months~~, 10 Months Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 278 Canton Av

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 278 Canton Av

*Cause of Death,* First (Primary),

Second (Immediate), Violence on the part of the Mother

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Poeblic Cemetery

*Date of Burial,* July 16th/86

*Undertaker,* Geo Riniker & H Mathers M. D.

~~Medical Attendant.~~

*Place of Business,* Health Office *Address* 181 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

6c

Permit No. 93329

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 16 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Reinhart

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 2 *Days.*

*Color,* white *Sex,* male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 205 Orleans St

*Cause of Death,* First (Primary,) ~~Convulsions~~, Consumption

Second (Immediate,) .....

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* July 17, 1886

J J Graf ..... *M. D.*
Medical Attendant.

*Undertaker,* Henry Heath

*Place of Business,* 384 ½ Central ave *Address* 137 Orleans St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93330 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 15—86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Freedman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 65 Harrison

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Russian Cemetery

*Date of Burial,* July 16

*Undertaker,* Withers

*Place of Business,* 28 High ~~Address~~, 28 S. Eden St.

C. J. Maguire M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93331 *Office of Registrar of Vital Statistics.* Ward 5-2

HEALTH DEPARTMENT JUL 16 1906 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16-1906

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Roberta Engel

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 16 *Years,* 1 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} single

*Occupation,* at home

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 12 Lee Eden

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), asthenia.

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* July 16

*Undertaker,* J. Ahrens

*Place of Business* 28 High *Address,* 1424 E. Lee

D. Stuell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hornberger

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 21 *Days.*

*Color,* ..... *Sex,* .....

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 94 Patterson Park ave

*Cause of Death,* First (Primary,) .....

Second (Immediate,) Marasmus

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* 5th Reformed St Paul's Cemetery

*Date of Burial,* July 16th 96

*Undertaker,* John L Lehn

*Place of Business* 265 Thames St Address 137 Aliceanna St

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

# Board of Health, City of Baltimore.

Permit No. 93333 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED JUL 16 1886

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 15th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Bell Suter

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 6 *Months,* *Days,*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 46 Mulberry St

*Cause of Death,* First (Primary). Dysentery

Second (Immediate). Exhaustion

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 16th 1886

*Undertaker* Wm Jas Gray

*Place of Business,* 65 Mulberry st, *Address,* Park Ave & Mulberry St.

E. Worden M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUL 16 1886 BALTIMORE, MD.

Permit No. 93334 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* / *Years,* 3 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 37 Hull st Locust Point

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Spasm

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick

*Date of Burial,* July 16th 1886

*Undertaker,* Dan'l. Flynn

*Place of Business,* 109, West.

C. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166. S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93335 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Howard Covington

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 11 *Months,* 19 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} S

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Maryland

*Duration of Residence in the City of Baltimore,* 19 yrs

*Place of Death,* {Give Street and Number.} 1338 N Gilmore St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Queen Anne Co Maryland

*Date of Burial,* July 17/86

*Undertaker,* J. B. Cook

*Medical Attendant.* Harvey Lee *M. D.*

*Place of Business,* 707 N. Balto *Address,* 27 Arlington Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Sc...

# Health Department, City of Baltimore.

Permit No. 93336 *Office of Registrar of Vital Statistics.* Ward 14"

HEALTH DEPARTMENT JUL 16 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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## CERTIFICATE OF DEATH.

*Date of Death,* July 16th /86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne A. Bishop

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 179 Hollins St.

*Cause of Death,* First (Primary),

Second (Immediate), Acute Gastritis

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* July 18 1886

*Undertaker,* Geo R Cook

*Place of Business,* 1707 N Balto st

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93337 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bond

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* — *Months.* 2 2 *Days*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* 60 yrs

*Place of Death,* {Give Street and Number.} 432 division st

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 18/86

*Undertaker,* Chas F. Seaman

*Place of Business,* 27 L. Eutaw *Address,* 560 Druid Hill Ave

Chas E Watts M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

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*Permit No.* 93338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 16 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 15-16-1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Conley

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 15- *Months,* *Days.*

*Color,* White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 15- Months

*Place of Death,* {Give street and number.} 32 Davis St

*Cause of Death,* {First (Primary,) Cholera Infantum

Second (Immediate,) Hydrocephalus

*Duration of Last Sickness,* 24 Hrs

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 16th 1886

Dr F L Larkin M. D.
Medical Attendant.

{*Undertaker,* M Cadogan

{*Place of Business* 227 Mulberry St Address 218 W Lemon St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93339. *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Glosing

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 45 yrs,

*Place of Death,* {Give Street and Number.} 329 E. Lombard st

*Cause of Death,* First (Primary), Has been a sufferer from

Second (Immediate), Asthma for a number of years

died Instantly,

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Most Holy Redeemer

*Date of Burial* July 16 1886

*Undertaker,* H. Lepine

*Place of Business,*

John F. Summers M. D.

Medical Attendant.

*Address,* S. W. Pratt & Paca

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93340 *Office of Registrar of Vital Statistics.* Ward 34

HEALTH DEPARTMENT JUL 16 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Mueller

~~Son, Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 61 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give Street and Number.} 86 & 88 Broadway

*Cause of Death,* First (Primary), Genl Debility

Second (Immediate), .....

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 18 '86

*Undertaker,* G Frank

*Place of Business,* Bank Wolfe & *Address,* 2 & 3 Broadway

D W Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 93341 *Office of Registrar of Vital Statistics,* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorentz Meyer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* School Boy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Kirk Saw Mill Chas Canton Ave & Canton Rd

*Cause of Death,* First (Primary), Falling over of pile of lumber

Second (Immediate) Fracture of Skull & Both Legs. Crushed Hemorrhage

*Duration of Last Sickness,* about 10 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 17th 86

*Undertaker,* G. Frame

*Place of Business,* Danks & Wolfe *Address,* 101 N Broadway

*Louis Kuhlke* M. D. Attending Physician

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

# Health Department, City of Baltimore.

Permit No. 93342 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15/86,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia.

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not requlred in this line.}

*Age,* — *Years,* 6 *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Infant asylum.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemy.

*Date of Burial,* July 16th 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* Harlem av. & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93343 *Office of Registrar of Vital Statistics.* Ward 7 a

HEALTH DEPT. BALTIMORE JUL 16 1886 MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa E. Kessler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 198 N. Central Avenue

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* July 16, 86

*Undertaker,* Fred. A. Kershner

*Place of Business,* City Hall

Miss A. E. Stuart M. D.
Medical Attendant

Address, Cor. of Hulet & Hoffman

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Above Certificate Obtained from F. A. Kershner

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer**

# Health Department, City of Baltimore. 18

Permit No. 93344 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1886 BALTIMORE MD.

23

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula Anna Schultze

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} Oliver St. between Cross & Hamburg (Goodmans Alley)

*Cause of Death,* First (Primary), ——

Second (Immediate), Pneumonitis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls T. R

*Date of Burial,* July 17

*Undertaker,* B. Hall

*Place of Business,* 82 West St *Address,* 15-2 Sharp St.

R. J. N. Tall, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 93345 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert B. Richardson

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* Years 6 Months. 18 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City ✓

*Duration of Residence in the City of Baltimore,* Entire time

*Place of Death,* {Give Street and Number.} No 606 Canton st

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Philpot Road M. E. Cemetery

*Date of Burial,* July 17th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 66 S Broadway *Address,* [illegible]

H. B. Gatch, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 23346 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Coleman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 37 & Dorcas St.

*Cause of Death,* First (Primary), old age

Second (Immediate), Natural Debility

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 19th 1886

*Undertaker,* M. Kelly & Son

*Place of Business,* [illegible] *Address,* 63 Eden St

E. Dr. Gilmary M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 93347 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 32 Hart st

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 17th 1886

*Undertaker,* James Byrne

*Place of Business,* Front st

James A Steuart M. D.
Medical Attendant.

*Address,* Cor Mt & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry A McKeown Sanitary Inspector

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of...

# Health Department, City of Baltimore.

Permit No. 93348 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 16th July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertine Sullivan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 6 *Months,* 15 *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 196 S. Howard St.

*Cause of Death,* First (Primary), Tubercular = meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3. days

All the above information should be furnished by the Physician.

*Place of Burial,* Mark's Cemetery

*Date of Burial,* Jul 17th 1886

*Undertaker,* A. M. Oliver

*Place of Business,* 198 S Howard *Address,* 146 Hill St.

L. D. Dyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93349 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Moor.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 54 Years, Months, Days

*Color,* Black.

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Labour.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimor

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 51 Little Montgomery st

*Cause of Death,* First (Primary), Probably Heart disease.

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn

*Date of Burial,* July 18th 1886

*Undertaker,* Jas. W. Chase

*Place of Business,* 78 S. Howard St

Frank J. Flannery, M. D.
Medical Attendant

Coroner

*Address,* 220 N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93350 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 15, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kükin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Dryer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give Street and Number.} S.E. Cor Bank & McHenry Sts

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* About 1 year.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 18, 1886

*Undertaker,* John P. Poulson

*Place of Business,* 66 Fred Av. *Address,* 584 W. Fayette St

J. H. Whitacre M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93351 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice E Nash.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* 9 *Days.*

*Color,* White Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 25½ Perry St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 17 1886

*Undertaker,* Hercules Ross

*Place of Business,* 44 Eastern Ave. *Address* 446 Hanover St

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and ... List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93352 — *Office of Registrar of Vital Statistics.* Ward 3^

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JULY 17 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane A. Hearn

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* — *Months,* — *Days*

*Color,* Dark or Colored

*Married,* ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

*Occupation,* — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} America

*Duration of Residence in the City of Baltimore,* 1 yr.

*Place of Death,* {Give Street and Number.} 1095 Durham St.

*Cause of Death,* First (Primary), Cerebral Hemorrhage

Second (Immediate), Compression of Brain

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. cemetery

*Date of Burial,* July 17th 1886

*Undertaker,* Wm. H. Dunges

*Place of Business,* 62 East St.

Frank C. Bruce, M. D.
Medical Attendant.

*Address,* 107 Bank St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93353 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 17 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McKeyran

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 5 *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 68 Harrison St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Five hours

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* July 17th 1886

*Undertaker,* Henry Hofman

*Place of Business,* 68 N. Eden St

L. W. Stone M. D.
Medical Attendant.

*Address,* Eager & Fairbank Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93357 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Garett

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} No. 303 E. Pratt St

*Cause of Death,* First (Primary),

Second (Immediate), Old age & General Debility.

*Duration of Last Sickness,* Four (4) months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* July 19th 1886

*Undertaker,* H. W. JENKINS & SONS UNDERTAKERS

*Place of Business,* Park & Saratoga Sts.

A. L. Clark M. D.
Medical Attendant.

*Address,* 305 E. Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore. 12

Permit No. 93353 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rosa Gohl

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* 15 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 63 Walnut St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* Death sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Bony Bmy

*Date of Burial,* July 18

*Undertaker,* Walter Emmert

*Place of Business,* 313 W. Biddle

J. L. Keller M. D.
Medical Attendant.

*Address,* 188 Franklin St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93356 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S OFFICE
JUL 17 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy M Schaaf.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1127 Central Ave

*Cause of Death,* First (Primary), Inflamatory Diarrhoea from indigestible food.

Second (Immediate), Convulsions.

*Duration of Last Sickness,* Three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 18th 1886

*Undertaker,* Henry K. Mears

*Place of Business,* #22 W. Fayette St

Henry Miller M. D
Medical Attendant.

*Address,* 179 E. Monument

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9335 *Office of Registrar of Vital Statistics.* Ward 12 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Barbara Miller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 yrs.

*Place of Death,* {Give Street and Number.} 305 N. Eutaw St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 8 months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus.

*Date of Burial,* July 17 1886.

*Undertaker,* A. Rosenberger

*Place of Business,* 70 Mulberry Address, 515 Penna Ave

H. Rickert. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93358

## Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Klehr

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 6 Months, 1 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} West St near Burgundy St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Prostration

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Com

*Date of Burial,* July 18 1886

*Undertaker,* John Hennig C. L. Buddenbohn M. D.

*Place of Business,* 382 Orleans St *Address,* 166 S. Paca St.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93359 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Ahern

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 646. W. Pratt St

*Cause of Death,* First (Primary), Intestinal Catarrh

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral cemetery

*Date of Burial,* July 17th 1886

*Undertaker,* Jos Beals

*Place of Business,* No 707 W Baltimore

Edw F. Michael M. D.
Medical Attendant.

*Address,* 283, W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93360 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna E. Hall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 5 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 82 Plumb alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw's Cemetery

*Date of Burial,* July 17 1886

*Undertaker,* Geo W Perkins

*Place of Business* 221 Hanover st

C. L. Cox M. D.
Medical Attendant.

*Address,* 177 Shaw's

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93361 *Office of Registrar of Vital Statistics,* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUL 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 16th July 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Henry Osing.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Sixty Six (66) *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Store Keeper.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* about Forty Years.

*Place of Death,* {Give Street and Number.} No. 46 St. Mary's Street.

*Cause of Death,* First (Primary), Hæmaturia producing Anæmia.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* about One year.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* July 18th 1886

*Undertaker,* Diderick Weigand

*Place of Business,* 66 Druid Hill Av. *Address,* 47 Franklin St.

W. C. Van Bibber M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93362 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. JUL 15 1886

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 14th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Wilmer - Prob.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* about 30 *Years,* *Months,* *Days*

*Color,* Black -

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Engineer at Maitlo Saw Mill - Lee & Light sts.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore (supposed)

*Duration of Residence in the City of Baltimore,* Lifetime -

*Place of Death,* {Give Street and Number.} Killed at saw mill Cor. Lee & Light sts. Residence unknown -

*Cause of Death,* First (Primary), Crushed to death by machinery of the engine in the mill -

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* West Sub-Cemy

*Date of Burial,* July 15/1886

*Undertaker,* F A Kochersperger

*Place of Business,* 30 Hillen st

Frank J Flannery M. D.
Medical Attendant.

Coroner
Address, 407 Dr. Hillen st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16, 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eleanora Neal

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 4 *Months,* ____ *Days.*

*Color,* Colored

*~~Married~~, ~~Single~~, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 130 Carlton St.

*Cause of Death,* { First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* 2 weeks 13

All the above information should be furnished by the Physician.

*Place of Burial,* W. B. County

*Date of Burial,* Jul 17, 86

*Undertaker,* Fred'k A. Kirchner

*Place of Business,* Health Office

O. Eav. Jarman M. D.
Medical Attendant.

*Address,* 66 N. Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93314 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law."

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Betz

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 75 *Years,* ~~~ *Months,* ~~~ *Days*

*Color,* White

*~~Married, Single,~~ Widow ~~or Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 273 W. Pratt Street

*Cause of Death,* First (Primary), asthma

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pratt Cemetery

*Date of Burial,* July 17 1886

*Undertaker,* Fred A. Kerchner

*Place of Business,* Health Office *Address,* Camp & Pratt

Jno. A. Kennedy M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. L. Seward. S. 9

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93365 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 82 *Years,* ..... *Months,* ..... *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* 60 years.

*Place of Death,* {Give Street and Number.} 222 E. Madison St.

*Cause of Death,* First (Primary), General Debility

Second (Immediate), Enteritis

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Com.

*Date of Burial,* July 18, 1886.

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 E. Gay St. *Address,* 186 Aisquith St.

A. J. Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93366 *Office of Registrar of Vital Statistics.* Ward 54

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16" 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie C. Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* ~~~ *Months,* 19 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 896 Chestnut St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Prot. Ep. Cemetery

*Date of Burial,* July 17" 86

*Undertaker,* Wm. A. Lungren

*Place of Business,* 62 East St

Thos. A. Steuart M. D.

*Address,* [redacted] St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

L. V. Fitzpatrick
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93367 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1896 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Johnson

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.} Male

~~*Age,*~~ ~~*Years,*~~ Three *Months,* *Days*

*Color,* Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 320 Cross Street

*Cause of Death,* First (Primary), Mal Nutrition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street Cemetery

*Date of Burial,* July 17 /96

*Undertaker,* H Ryfs

*Place of Business,* Conway Street *Address,* Conway 480

Thomas A Cleary M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

H. C. Seward S. I.

# Health Department, City of Baltimore.

Permit No. 93368 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William B. Cochrane

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md.

*Duration of Residence in the City of Baltimore,* 2 days

*Place of Death,* {Give Street and Number.} 227 Baltimore Street

*Cause of Death,* First (Primary),

Second (Immediate), Cholera infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 18/86

*Undertaker,* Shindler & Howard

*Place of Business,* 35 Park Ave.

Jos. Lloyd Martin M. D.
Medical Attendant.

*Address,* 38 Mt. Vernon Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93349 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Robert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 40 42 Norris alley

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Stark St. cemetery

*Date of Burial,* July 17th 1886

*Undertaker,* Wm et A Deegee

*Place of Business,* 62 East 21st

J. McE. Warner M. D.
Medical Attendant.

*Address,* 288 N Stricker St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93370 *Office of Registrar of Vital Statistics* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Haywood

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 6 *Months,* 15 *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 260 Raborg St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem'y

*Date of Burial,* July 17th 1886

*Undertaker,* A. Hensley

*Place of Business,* Orchard St *Address,* Eutaw St

John A. Sims M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. C. Roberts Sanit. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ~~this Certificate~~.

# Health Department, City of Baltimore.

Permit No. 93371 *Office of Registrar of Vital Statistics.* Ward 13th 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H Bond

*Sex, Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 9 *Years,* 11 *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* School Boy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} On water front of Bush Street

*Cause of Death,* First (Primary), Accidental Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* July 17th 86

*Undertaker,* G. Ornance

*Place of Business,* Pank & Wolf Co. *Address* 101 N Broadway

E Hall Lull M. D.

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93372 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Koch

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* Years, 20 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 167 S Wellington Ave

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia 4 days

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* July 18th 86

*Undertaker,* G. F. Frank

*Place of Business,* Bank & Wolfe Ave *Address,* 948 Broadway

Medical Attendant H. Smith M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 93373 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 17 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence C. Wellslager

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 5 *Months,* —— *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md —

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 246 Alisanna Street

*Cause of Death,* First, (Primary,) ——

Second, (Immediate,) Chalera Infantum

*Duration of Last Sickness,* about 3 Weeks —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* July 18 1886

*Undertaker,* H. Vandegrift Son

*Place of Business* 252 Caroline Av

N. J. Dashiell Jr M. D.,
Medical Attendant.

Address, 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of...

# Health Department, City of Baltimore.

Permit No. 93374 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Rummey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* ——— *Months,* ——— *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 170 S. Paca St

*Cause of Death,* First (Primary), Acute

Second (Immediate), Dysentery

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* July 18th 1886

*Undertaker,* John S. Macher

*Place of Business,* No 150 Camden St

Geo D Blake M. D.
Medical Attendant.

*Address,* 153 S Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible].

# Health Department, City of Baltimore.

Permit No. 93375 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 17 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Kleinsmith

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} F

*Age,* 1 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 122 Maryland ave

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 19

*Undertaker,* B. Hard

*Place of Business,* 82 West St

O. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

8

**Permit No.** 93574 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of ~~Deceased~~,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Kattie Brooks

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* Five *Months,* ..... *Days.*

*Color,* Black *Sex,* Female

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} 122 Constitution St.

*Cause of Death,* First (Primary,) Marasmus

Second (Immediate,) .....

*Duration of Last Sickness,* Nine months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel. Cemetery

*Date of Burial,* July 17. 1886.

A. G. Mason M. D.
Medical Attendant.

*Undertaker,* W. H. Hickman

*Place of Business,* 2340 E. Fay St. *Address* 322 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93377 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Dannberg

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 5 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 447 E. Chase Street

*Cause of Death,* First (Primary), Cholera-Infantum

Second (Immediate), .....

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 18, 1886

*Undertaker,* Geo. Leinbeck

*Place of Business,* 389 W. Pratt St.

Wm. H. Daniels M. D.

Medical Attendant.

*Address,* Columbia Ave & Caroline St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9.3378 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hoffman

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months.* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 385 Eastern Ave

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity St. Cem

*Date of Burial,* July 18th 1883

*Undertaker,* H. H. Sander & Son

*Place of Business,* 252 Canton Ave

A. R. Erich M. D.
Medical Attendant.

*Address,* 95 Park Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93379 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Baltimore July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph May Purcell

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Two *Months,* Fifteen *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Infant

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Two Months

*Place of Death,* {Give Street and Number.} 823 North Dunham St.

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate), Collapse

*Duration of Last Sickness,* Ten Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* July 18/86

*Undertaker,* Cant & Fry

*Place of Business,* 1/2 Broadway

John U. Dickel M. D.
Medical Attendant.

*Address,* 256 N. Eden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.**

# Health Department, City of Baltimore.

Permit No. 93380 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* 20 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give Street and Number.} 301 Hoad Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 18

*Undertaker,* B. Stark

*Place of Business,* 82 West *Address,* 1116 Hanover St

Thomas Wolfe M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 93381 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Hann's

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* — *Months,* — *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 398 Cross St

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pulmonary Congestion

*Duration of Last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* July 19 1886

*Undertaker,* W. H. Chase

*Place of Business,* 198 Howard St

Geo. W. [illegible] M. D.
Medical Attendant.

*Address,* 1057 Pacific St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 23382

## *Office of Registrar of Vital Statistics.*

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1886 BALTIMORE

*Date of Death,* July 17th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Heine

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Grocer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 84 Hamburg St.

*Cause of Death,* First (Primary), Bright's disease

Second (Immediate),

*Duration of Last Sickness,* 2 weeks in bed — about 4 yrs sick

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 19th 1886

*Undertaker,* Wm Schmettau Son

*Place of Business,* 263 265 E. Lombard

Robert S. Rowe M. D.
Medical Attendant.

*Address,* 933 Light St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause d date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93383 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1886 BALTIMORE

*Date of Death,* 17th. July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Borawska

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} Lancaster Street 110

*Cause of Death,* First (Primary), } Erlangeria

Second (Immediate), }

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cmt

*Date of Burial,* July 18. 86

William Henkel M. D.

Medical Attendant.

*Undertaker,* Felix Szarkowski

*Place of Business,* 215 S Ann St *Address,* S. Walker 117.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible] on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 93384 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1886 BALTIMORE

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Albert Thillman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt- md -

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 120- Chew St -

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Congestion of the brain

*Duration of Last Sickness,* three days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cem

*Date of Burial,* July 18, 1886

*Undertaker,* Henry McGinnis

*Place of Business,* 8 N. Central Ave *Address,* 257 Mercer [illegible]

J. H. Grindall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 23385 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 86 BALTIMORE

*Date of Death,* July 16. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 4 *Months,* 3 *Days.*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. V

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 23 Bolton St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 18th/86

*Undertaker,* W. J. Gray

*Place of Business,* 65 Mulberry St *Address,* 249 Park

*M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 03386 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 1886 BALTIMORE

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hubert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 115 S. Chapel St

*Cause of Death,* First (Primary),

Second (Immediate), Pyemia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Prot. M. Cy Reservation

*Date of Burial,* July 19

*Undertaker,* W. Lizut

*Place of Business,* 151 E Bond *Address,* 644 S. Eutaw

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 93387 — *Office of Registrar of Vital Statistics.* — Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1886 BALTIMORE

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Kraft

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.* 1

*Color,* White.

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 60 N High st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Eclampsia

*Duration of Last Sickness,* 4 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* July 17

*Undertaker,* Lord Myers

*Place of Business,* 28 Light st

S. Ridgway Jones M. D.
Medical Attendant.

*Address,* 121 E Balto st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 93388

*Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miriam Lee Garrett

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 5 *Months,* ... 13 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 324 McDonough St

*Cause of Death,* First (Primary), Cholera Inf Autumn

Second (Immediate),

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* July 18. 1886.

*Undertaker,* H. H. Hickman

*Place of Business,* 234 W. Fayette *Address,* 232 N Eden

Wm L Rundle M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 93389 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Sheleni

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* School Boy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Farmers Mkt Boston Street

*Cause of Death,* First (Primary), Accidental Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 19th 86

*Undertaker,* G. T. Francis

*Place of Business,* Frank & Wolfe *Address* 101 N Broadway

Jacob Pulton M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 93390 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 19 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Shelem

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* School Boy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Farmers Bldg Boston St

*Cause of Death,* First (Primary) Accidental Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 17th 86

*Undertaker,* G. Franc & Co M. D.

Medical Attendant.

*Place of Business,* Bank & Wolfe Sts *Address,* 161 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 95391 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1886 BALTIMORE

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Scott

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* about 50 *Years,* *Months,* *Days*

*Color,* Black

*Married, ~~Single, Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Virginia

*Duration of Residence in the City of Baltimore,* about 18 years

*Place of Death,* {Give Street and Number.} 240 Hughes St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 19 1886

*Undertaker,* Hercules Boss

*Place of Business,* 95 Conway St

Julius Hall M. D.
Medical Attendant.

*Address,*

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 93392 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1886 BALTIMORE

*Date of Death,* July 15 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Imhoff

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days*

*Color,* W

*Married, Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 72 Spear Wharf

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmon

*Duration of Last Sickness,* one years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 18 1886

*Undertaker* Jas P Byrne J H Kellum M. D.

Medical Attendant.

*Place of Business,* 63 Penn *Address,* 19 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 93393

*Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Davida

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 22 *Years,* 6 *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 77 Harrison St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* July 19th 1886

*Undertaker,* Th F. Gilleo Son Samuel J Bolt M. D.
Medical Attendant.

*Place of Business,* 183 Columbia *Address,* 134 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 9339 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Benton Hicks

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days,* 0

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 7 Foster Alley

*Cause of Death,* First (Primary), .....

Second (Immediate) Cholera Infantum

*Duration of Last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peter's Cemetery

*Date of Burial,* July 19, 1886

*Undertaker* Alley & Hunt

*Place of Business,* 116 Orchard St

Marion Dodson M. D.
Medical Attendant.

*Address,* 192 Linden Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93395 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Dayhoff

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* 10 *Months,* *Days*

*Color,* Negro

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} Brewers Alley near Dolphin St.

*Cause of Death,* First (Primary), Uraemia

Second (Immediate), Post-partum Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 19 1886

*Undertaker,* Abr. Hunsley

*Place of Business,* 116 Orchard St

N. M. Wilson M. D.
Medical Attendant.

*Address,* 251 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 93396 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 17 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno C. Hartzell

*Sex, Male* ~~*or Female.*~~ {Cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Police Officer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 41 Years

*Place of Death,* {Give street and Number.} 401 N. Carey

*Cause of Death.* First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* July 20th 1886

*Undertaker* Henry W. Mears

*Place of Business,* 422 W. Fayette St *Address,* 506 Madison Ave.

H. B. Christian M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93397 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Trascan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* *Days*

*Color,* White (Italian)

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Single~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give Street and Number.} N E Cor President St & Eastern Ave

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Idiot sick from birth

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Most Holy Redeemer~~ Loudon Park

*Date of Burial,* July 19

*Undertaker,* ~~W. H. Obert~~

*Place of Business,* ~~137 S. Bond~~

D W Cathell M. D.
Medical Attendant.

*Address,* 21 Broadway.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93398 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heerdrick Paul,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 9 *Months,* ..... *Days.*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City,

*Duration of Residence in the City of Baltimore,* During life,

*Place of Death,* {Give Street and Number.} 240 Fawn st,

*Cause of Death,* First (Primary), Cholera Infantum,

Second (Immediate), Convulsions,

*Duration of Last Sickness,* 4 or 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Richmond Va

*Date of Burial,* July 20th 1886

*Undertaker,* Stewart-Mowen

*Place of Business,* 35 Park ave *Address,* 247 Fawn st

J. F. Hyde M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23399 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Yvonne Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* 5 *Months,* *Days*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bacts County

*Duration of Residence in the City of Baltimore,* 14 yrs

*Place of Death,* {Give Street and Number.} 51 Boyd St

*Cause of Death,* First (Primary), Pulmonary Tuberculosis

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* Six Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem-

*Date of Burial,* July 19th 86

*Undertaker,* Carroll & Handy

*Place of Business,* 195 West St

M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93400 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas E. Shultz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} -

*Occupation,* -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* -

*Place of Death,* {Give Street and Number.} 377 Aisquith St

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate),

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 20th 1886

*Undertaker,* Charles P Byrne

*Place of Business,* Front St

M. B. Billingslea M. D.
Medical Attendant.

*Address,* 224 E. Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93411 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Pate

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 335 William St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* Monday 18th

*Undertaker,* Andrew Knell

*Place of Business,* 206 Columbia *Address,* 110 Fort ave

Q. A. Cooke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 23402 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 18th July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Mueller

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 178 Ramsey st

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 178 Ramsey st

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* July 19th 1886

*Undertaker,* Jos B Cook

*Place of Business,* No 707 N Baltimore

P. F. Benson M. D.
Medical Attendant.

*Address,* 187 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible] of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93403 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE, MD.

*Date of Death,* July 18th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roberta Isaac

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 75 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dont Know

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} Old people home of the Germans West Baltimore Street

*Cause of Death,* First (Primary), Cancer

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 19th 1886

*Undertaker,* Jos B Groob

*Place of Business,* 1767 N Baltimore

L. E. Reinhard M. D.
Medical Attendant.

*Address,* 211 N Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 93404 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE, MD.

# CERTIFICATE OF DEATH. B

*Date of Death,* July 18/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Joseph Mulcahey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* 12 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 246 N Caroline

*Cause of Death,* First (Primary), Dentition

Second (Immediate). Congestion of brain

*Duration of Last Sickness,* about 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemetery

*Date of Burial,* July 20, 1886

*Undertaker* Henry Flook

*Place of Business* 309 N. Central Ave

P. Talmage M. D.
Medical Attendant.

*Address,* 93 Valley St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93405

## Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE, MD.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Kaumus

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 24 Peabody st

*Cause of Death,* First (Primary), Cerebral Meningitis

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Ursulas Cemetery

*Date of Burial,* July 20. 1886

*Undertaker,* Henry Hoerr

*Place of Business,* 389 N Central ave

W. B Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Pratt st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93406 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wright

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 27 Years, Months, Days

*Color,* Blk

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 1 yr

*Place of Death,* {Give Street and Number.} S. Dutheum Sh near Lee

*Cause of Death,* First (Primary), Pelvic Peritonitis

Second (Immediate), Euthanasia

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 19th

*Undertaker,* John E. Grace

*Place of Business,* 142 S. Caroline St

J. P. Hopkins M. D.
Medical Attendant.

*Address,* 346 E. Pratt St.

HEALTH DEPARTMENT
BALTIMORE, MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93407 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvester Fogel

~~*Sex;* Male or *Female*~~, {Cross out the word not required in this line.}

*Age,* 44 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} German 18 years

*Duration of Residence in the City of Baltimore,* 18 yrs

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Empyaemia

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Nine weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Johns Cemetery

*Date of Burial,* July 19th 1886

*Undertaker,* Geo. Lenihan

*Place of Business,* 389 W. Pratt *Address,* J. Ridley Nott M. D. Medical Attendant. University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93408

## Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE, MD.

*Date of Death,* July 18/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wright

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 4 *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 7 Chestnut Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), One week

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 19

*Undertaker,* Peter Engelbert Jr. *Medical Attendant.* Mc D Black M. D.

*Place of Business,* 379 W. Pratt *Address,* 15 E. Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93409 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bell Whitsell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 11 *Months,* 19 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 32 N. Gay St.

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate), Collapse

*Duration of Last Sickness,* Four (4) days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cemetery

*Date of Burial,* July 19 86

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St *Address,* Eager & Caroline

S. W. Glover M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93410 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Laws Lee

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 48 *Years,* 3 *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give Street and Number.} N. W. cor Hanover & Baltimore

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* Lingering

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 20/886

*Undertaker,* [redacted]

*Place of Business,* 963 Light St

R. C. Lee M. D.
Medical Attendant.

N. W. cor
*Address,* Hanover & Baltimore Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93411 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Board of Health DEPARTMENT B BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Owens

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 54 Eutaw St

*Cause of Death,* First (Primary), Dentition + cerebral congestion

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 19th 1886

*Undertaker,* Ambrose Chew

*Place of Business,* 962 Fulton Ave

Geo R Graham M. D.
Medical Attendant.

*Address,* 134 Columbia Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93412 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Union St. No 18

*Cause of Death,* First (Primary), .....

Second (Immediate), Inanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 18

*Undertaker,* C H Pilgrim

*Place of Business,* 201 Penn

L G Spanow M. D.
Medical Attendant.

*Address,* Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93413 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday July 18th. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Maughlan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 307 E. Baltimore St

*Cause of Death,* First (Primary), Chronic Nephritis 4th, Cardiac Complicated

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Eight Months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 20th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Forest Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93414 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 84

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Schriver

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 10 *Months,* 7 *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 9 E. Lovely Ln

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus cem

*Date of Burial,* July 19 th 1884

*Undertaker,* W Botham & S

*Place of Business,* 153 E Lombard St *Address,* 4th E. Balto

Geo. L. Winter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93415 — *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Campbell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 4 *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 14 N Pine

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* some Time

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 19

*Undertaker,* R Sheild Smithford

*Place of Business,* 60 N Carrollton

W. F. Kemp M. D.
Medical Attendant.

*Address,* 55 N Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93416 *Office of Registrar of Vital Statistics.* Ward 12 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. D

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie J Evans

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 10 years,

*Place of Death,* {Give Street and Number.} Linden Avenue

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Mem. Cathedral~~ St. Peters Cem.

*Date of Burial,* July 20th 1886

*Undertaker,* Wm. Weaver.

*Place of Business,* #203 N. Eutaw St. *Address,* 234 Madison Avenue

A. J. Bell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93417 *Office of Registrar of Vital Statistics.* Ward D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 18th July 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Linsley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* {Give Street and Number.} 1. Hunt Street 29th

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* July 19, 86

*Undertaker,* ~~Felix Borkowski~~

*Place of Business,* 215 S Gran St *Address,* S. Wolfe & 117

William Howard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

**Permit No.** 93418 *Office of Registrar of Vital Statistics.* **Ward** 10 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Bell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 6 Months, Days

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} /

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 63 Sarah ann St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Prospect Cemetery

*Date of Burial,* July 19 1886

*Undertaker,* William Burger

*Place of Business,* 62 Exeter *Address,* 326 Hallin st

Wm A. Jones M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93419 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday July 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Hall

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Washing and Ironing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} 8 Carlton St.

*Cause of Death,* First (Primary), ?

Second (Immediate), Consumption

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Woods & Cemetery

*Date of Burial,* July 19 1886

*Undertaker,* [redacted] *M. D.*

Medical Attendant.

*Place of Business,* 602 East *Address,* 558 N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore. 14

Permit No. 93420 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Gray

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 6 *Months,* 6 *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co, Md.

*Duration of Residence in the City of Baltimore,* about 4 years

*Place of Death,* {Give Street and Number.} 6 Hollis Alley

*Cause of Death,* First (Primary), Measles.

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 18 1886

*Undertaker,* William Burns

*Place of Business,* 62 Exeter *Address,* 298 W. Lombard St.

H. W. Webster M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93421 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE, MD.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parker William Burke

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore.* Life

*Place of Death,* {Give Street and Number.} 44 Stockton Alley

*Cause of Death,* First (Primary), Burns

Second (Immediate), Tetanus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Govs town

*Date of Burial,* July 19 1886

*Undertaker,* Wm. Divine Living

*Place of Business,* 62 Eutaw

Harvey Gill M. D.
Medical Attendant.

*Address,* 12 Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. 4287 Fremont 22

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93422 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} agnes Abel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* 6 *Months,* 20 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housewife ✓

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} Bryan ave opp Shutzen Park

*Cause of Death,* First (Primary), Pulmonal Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 20th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland & Lyman

A L Gaer M. D.
Medical Attendant.

*Address* 36 N Bway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93423 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Smith

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* 11 *Months,* 11 *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Fifty Years

*Place of Death,* {Give Street and Number.} 85 Hollins Street

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Private Franklin Road

*Date of Burial,* July 19 86

*Undertaker,* John F Bowan

*Place of Business,* 89 Hollins St *Address,* 616 W Balto St

B. L. Titcomb, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93424 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen & Thomas Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} & Parents

*Age,* One *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Its lifetime

*Place of Death,* {Give Street and Number.} 58 Lyon St.

*Cause of Death,* First (Primary), Hydrocephalus

Second (Immediate), Exhaustion & Diarrhoea

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* W. Public Cem.

*Date of Burial,* July 19 1886

*Undertaker,* H. A. Kerchner

*Place of Business,* Health Office *Address,* 317 Lanvale Ave

Saml. T. Earle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Solomon Reynolds - at Richmond Market

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93425 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Dulley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Infant time

*Place of Death,* {Give Street and Number.} No 41 Hanover st

*Cause of Death,* First (Primary), .....

Second (Immediate) Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 19th 86

*Undertaker,* G. P. Lane

*Place of Business,* Bank & Wolfe *Address,* 7 H & Broadway

..... M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93426 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 19 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Allen

*Sex, Male or Female,* {Cross out the word not required in this line.} X

*Age,* 11 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~X~~ ~~X~~ ~~X~~ ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 703 Hanover St

*Cause of Death,* First (Primary),

Second (Immediate), Acute Dysentery

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 20

*Undertaker,* B Hartle.

*Place of Business,* 82 West Pratt

M. C. Burch M. D.
Medical Attendant.

*Address,* 15 N Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93427 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT 19 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amil Stinach

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 14. *Days* 1

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 5 Heinman Baltimd

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 5 Heinman ave

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian National Ci

*Date of Burial,* July 19/86

*Undertaker,* Frank Wach. A. L. Gage M. D.
Medical Attendant.

*Place of Business,* 249 Durham st *Address,* 361 N Bway,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93428 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard King

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 7 *Months,* ... *Days.*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 4 Edward St.

*Cause of Death,* First (Primary), ...

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 1 Day 1/2

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 19-1886

*Undertaker,* J. F. Madden

*Place of Business,* 46 East St. *Address,* 108 Aisquith St

G. W. Wayson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93429 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 10 1888 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH

*Date of Death,* July 7 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Letha Boston

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 8 *Days*

*Color* Col

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 293 Eutaw St

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 19th 1888

*Undertaker,* Alex. Hensley

*Place of Business,* 116 Orchard Address, 172 E. Franklin

G. A. Fleming M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93430 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 19 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Stumme

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* *Months,* *Days* 1

*Color,* white

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hanover Germany

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} 346 Saratoga St.

*Cause of Death,* First (Primary),

Second (Immediate), Old Age

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 20th 1886

*Undertaker,* Wm Cadogan

*Place of Business,* 227 W. Pratt St

Louis C. Hon M. D.
per E.H.K. Medical Attendant.

*Address,* 22 E. Lexington St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93431 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 19 1926 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19. 26.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Wise

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* ~~~~ *Months,* 19 *Days.*

*Color,* White.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 27 Fulton Ave.

*Cause of Death,* First (Primary), Mal Nutrition

Second (Immediate), Marasmus

*Duration of Last Sickness,* Since birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 20

*Undertaker,* Forsythe & Cook

*Place of Business,* 702 W Baltimore

C. N. Wilson M. D.
Medical Attendant.

*Address,* 32 E Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 93431 *Office of Registrar of Vital Statistics.* Ward 24

HEALTH DEPARTMENT JUL 20 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanah Inman

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 191 Chestnut

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Coma

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* July 20. 1886.

E. G. Baldwin M. D.

Medical Attendant.

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 W. Fay *Address,* 124 n Eutaw st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 93433 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE MD.

# CERTIFICATE OF DEATH

C

*Date of Death,* July 18. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Kuhn

*Sex, Male* ~~*or Female.*~~ {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* 4 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City Infant

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* {Give street and Number.} 215 Etting St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 20

*Undertaker* Walter Immel

*Place of Business,* 315 W. Biddle St. *Address,* 506 Mad. Ave.

J. W. Christian M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93434 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Ryan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Keeper of House 130 Baker St

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland U S 40 Years

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} 130 Baker St

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* July 20th 1886

*Undertaker,* John J. Mader

*Place of Business,* 15 Camden St

Theodore Cook M. D.
Medical Attendant.

*Address,* 460 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93135

*Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 19 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo L. Shuman Jr.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dist. Mass

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 345 Division St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Morning Sickness

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 20 86

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna ave

G. E. Lenk M. D.
Medical Attendant.

Address, 591 E Lan. Av.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93436 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Hoffman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 1 *Years,* 1 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dauphin Co Pa

*Duration of Residence in the City of Baltimore,* 17 Yrs

*Place of Death,* {Give Street and Number.} 35 Alice Allen

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olive

*Date of Burial,* July 20 1886

*Undertaker,* J. B. Hahn

*Place of Business,* W. St

Von Bell M. D.
Medical Attendant.

*Address,* 144 S. Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23437 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Hershey.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Three *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 516 Asquith St.

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 389 Asquith St.

*Cause of Death,* First (Primary), Scrofulous Arthritis

Second (Immediate), Necrosis of ~~Tibia~~ Femur.

*Duration of Last Sickness,* about 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* New Freedom York Co Pa

*Date of Burial,* July 2 0 /86

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Greenmt Av

A. C. Dole M. D.
Medical Attendant.

*Address,* 599 Madison Av.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

1288 Transit

# Health Department, City of Baltimore.

Permit No. 93438 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JOHN PERRIN'S
AUG 19 1886
BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 49 Elbow Lane

*Cause of Death,* First (Primary), Cancer of the Uterus

Second (Immediate),

*Duration of Last Sickness,* about 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn St. Cemetery

*Date of Burial,* July 19 1886

*Undertaker,* Hercules Ross

*Place of Business,* 76 Conway St. *Address,* Southern Dispensary

J. D. White M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93439 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Hennestuck

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 60 *Years,* *Months,* *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} Co Balt. Carolina St

*Cause of Death,* First (Primary), Ovarian Tumor

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* July 20 1886

*Undertaker,* J. L. Roeing

*Place of Business,* 125 Orleans Address, 186 Augusta St.

H. T. Knowles M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the above, and to List of Diseases on back of this Card.

# Health Department, City of Baltimore.

Permit No. 93440 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dressel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 81 N. Gilmor St Lines Birth

*Cause of Death,* First (Primary), Hydrocephalus

Second (Immediate), Eclampsia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Com.

*Date of Burial,* July 21st 1886.

*Undertaker,* John Kenney

*Place of Business,* 582 Orchard *Residence,* 121 E Biddle St

J. Ridgway Slade, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Cer...

# Health Department, City of Baltimore.

Permit No. 93471

## Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

A

Date of Death, July 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Indoff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — Years, — Months, 21 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give Street and Number.} Nicholson Mulberry & Caroline Sts

Cause of Death, First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, July 20th 1886

Undertaker, John Abernathy

Place of Business, 389 Orleans

Address

Medical Attendant, C. W. Silver M. D.

Address, Cor Caroline & Orleans Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 93402 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th '86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. M. Thiss

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* 5 *Months,* 6 *Days,*

*Color,* W

~~*Married,*~~ *Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } V

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } # 106 Mosher St.

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,)

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 20

*Undertaker,* Hirst B Cook

*Place of Business,* W Pratt Balto

Edwin Conyn M. D.,
Medical Attendant.

*Address,* #244 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93443 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 20 1886
BALTIMORE MD.

13

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Fileds

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 4 *Months,* 18 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 256 South Paca St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olive Cem.

*Date of Burial,* July 20 86

*Undertaker,* W. J. Tickner

*Place of Business,* 65 S. Eutaw Address, 76 S Paca St

J H Emmert M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back o

# Health Department, City of Baltimore.

Permit No. 93464

## Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 20 1886
BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 19 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher H. Cann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 7 Months,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 5 Dover sh

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 20 1886

*Undertaker,* A Rosenberger & Bro

*Place of Business,* 70 Distillery

*Address,* 469 Hanover st

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER

# Board of Health, City of Baltimore,

Permit No. 93445 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 20 1886, BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter S Idell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 29 *Years,* ..... *Months,* ..... *Days,* 8

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married.

*Occupation,* Electrotype finisher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ohio.

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and Number.} Union Protestant Infirmary Division St

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* About 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 21 1886

*Undertaker,* Armstrong Bros

*Place of Business,* 963 Light *Address,* 557 Green St

W. H. Krug M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93446 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT JUL 20 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Truman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* 3 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 41 Burgundy Alley

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 20/886

*Undertaker,* Hercules Rass

*Place of Business,* 75 Caroline St *Address,* 158 Lucas Ct

Wm D Glass M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93447 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1886 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 19, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Joseph Pierpoint

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 56 Wyeth st

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* 19 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 20th

*Undertaker,* Andrew Knell

*Place of Business,* 204 Colombia ave *Address,* 319 Hollins st

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9344/8 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1884 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Kearney Quail

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 8 *Months,* 11th *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 11 S. Poppleton St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), " "

*Duration of Last Sickness,* Two week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* ~~July~~ 20th

*Undertaker,* ~~John J Cowan~~

*Place of Business,* ~~89 Hollins~~ *Address,* 179 N. Howard St

Thomas Opie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93449 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 20 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanie Banks

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 4 *Days*

*Color,* cd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 36 Low st

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* July 20 1886

*Undertaker,* Wilkomm & Son E. A. Baldwin M. D.

Medical Attendant.

*Place of Business,* 62 East st *Address,* 124 n Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 23450 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 20 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Davis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give Street and Number.} 521 Wolfe Ext.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* North Point Bo[illegible]

*Date of Burial,* July 21 1886

*Undertaker,* Williams & Dorsey

*Place of Business,* 62 Eas[illegible]

John Ayd M. D.
Medical Attendant.

*Address,* 503 E. Monument

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93451 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Parker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 28 Sherman's Alley

*Duration of Residence in the City of Baltimore,* Five months.

*Place of Death,* {Give Street and Number.} 28 Sherman's Alley

*Cause of Death,* First (Primary), Colitis

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* July 20 1886

*Undertaker,* William Dunger

*Place of Business,* 62 Fort St

O. F. Maguire M. D.
Medical Attendant.

*Address,* 285 Exeter St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93452 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarete Krug.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} +

*Age,* ..... *Years,* 6 *Months,* + *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} +

*Occupation,* +

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 297 Aliceanna St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Conv.

*Date of Burial,* July 21 86

*Undertaker,* G Frauce

*Place of Business,* Bank & Wolf

A. V. Sauvelier M. D.
Medical Attendant.

*Address,* 96 S. Ann St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 23453 *Office of Registrar of Vital Statistics* Fee 12c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Arthur Horner

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* ..... *Years,* 3 *Months,* 5 *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 121 Dolphin St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 27/86

*Undertaker,* Chas. T. Scrivener

*Place of Business* 271 N Eutaw Address, .....

Edwd A. Mann M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93454 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard McKenna

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* 2

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 2 Adrian St.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia, (2 weeks)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent

*Date of Burial,* July 21 St

*Undertaker,* H. C. Windefeld

*Place of Business,* 100 Gruemit *Address,* 211 N. Caroline

Geo. D. Keyser M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 23455 — *Office of Registrar of Vital Statistics.* — Ward 9 Fr 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPT. JUL 20 1886 REGISTERED

## CERTIFICATE OF DEATH. H

*Date of Death,* July 19, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Shorey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Jeweler

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ia.

*Duration of Residence in the City of Baltimore,* almost whole life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Fracture of Skull

Second (Immediate), Shock

*Duration of Last Sickness,* Few minutes

V

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmt

*Date of Burial,* July 20 th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Greenmt

H. Friedenwald M. D.
Medical Attendant

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 9545 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. JUL 30 1886

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Cull

*Sex, Male or Female,* {Cross out the word not required in this line.} —

*Age,* ..... *Years,* ..... *Months,* 9 hours ~~Days~~,

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} —

~~*Occupation,*~~ —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 29 Bond St

*Cause of Death,* First, (Primary,) Premature birth

Second, (Immediate,) —

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial* St Peters cemetery

*Date of Burial* July 20 1886

Edwd A. Mann's M. D., Medical Attendant.

*Undertaker,* Jos B Leech

*Place of Business,* No 707 E. Balto St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Returns below, and to the Instructions on Page 2.

# Health Department, City of Baltimore.

Permit No. 93457 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Found dead in Alley in rear of 131 N Carrollton Ave July 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* About Six *Months,* ..... *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Alley in rear of 131 N Carrollton Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Emaciation & loss of Strength

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cem

*Date of Burial,* July 20th, 86

*Undertaker,* Fred'k Kuehnel

*Place of Business,* Health Office *Address,*

L. G. Sparrow M. D.

~~Medical Attendant.~~ Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93458 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunde Schmidt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 yrs

*Place of Death,* {Give Street and Number.} 56 N Chapel

*Cause of Death,* First (Primary), Paralysis — Hemiplegia

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 21 July

*Undertaker,* H. Disney

*Place of Business,* 1510 Bank

J. H. Hollenberg M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93459 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 20 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH. 73

*Date of Death,* July 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harris Dennis

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 44 *Years,* 5 *Months,* *Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hartford Co Md

*Duration of Residence in the City of Baltimore,* 6 y Ears

*Place of Death,* {Give Street and Number.} 948 N Dover Alley

*Cause of Death,* First (Primary), Pthisis Pulmonalis

Second (Immediate), Marasmus

*Duration of Last Sickness,* Cannot say definitely

All the above information should be furnished by the Physician.

*Place of Burial,* Hartford Co

*Date of Burial,* July 21 1886

*Undertaker,* John W Jackson

*Place of Business,* Gay & Lombard, *Address,* Gay & Caroline

J. W. Dixon M. D.
Medical Attendant.
Address, 1858

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4289 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93469 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 20, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. C. White.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 9 *Days*

*Color,* White.

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City, "

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 95 N Eutaw St.

*Cause of Death,* First (Primary), Cholera-Infantum (bottle fed)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 21st 1886

*Undertaker,* Henry W. Means

*Place of Business,* 422 W. Fayette

J. W. Chambers M. D.
Medical Attendant.

*Address,* 133 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93461 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John ~~Appleton~~ Appleton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 41 Goodman alley

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 2/ 1886

*Undertaker,* F L Stephens

*Place of Business,* 109 N Fremont

Thos. Carter M. D.
Medical Attendant.

*Address,* 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93462 *Office of Registrar of Vital Statistics.* Ward 13?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Burke

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* — *Months,* — *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Workman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give Street and Number.} 183 Lemmon alley

*Cause of Death,* First (Primary), Acute Insufficiency

Second (Immediate), " "

*Duration of Last Sickness,* Same as the.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cemetery

*Date of Burial,* July 21 1886

*Undertaker,* Chas Euler Ross } F. Donaldson M. D.

*Place of Business,* 95 East Pratt St. *Address,* 40 S Forrest Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93463 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia M Thurm

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 26 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Since Life

*Place of Death,* {Give Street and Number.} 5 E Brune St

*Cause of Death,* First (Primary), Gastro Enteritis.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 4 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* July 21.

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Baltimore St.

H. Rickert M. D.

Medical Attendant.

*Address,* 515 Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93464 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gordon Herman Meeks

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 7 *Months,* ..... 26 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

*Duration of Residence in the City of Baltimore,* 3 Months

*Place of Death,* {Give Street and Number.} 24 North Green St Baltimore Md

*Cause of Death,* First (Primary), Enterocolitis

Second (Immediato), Asthenia

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul cemetery

*Date of Burial,* July 21st 1886

*Undertaker,* Geo B Cook

*Place of Business,* 1607 W Baltimore St *Address,* 357 W Lanvale St

F West M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93465 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar A. O'Loughlin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 1 5 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 91 Parkin St.

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 15 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 21st 1886

*Undertaker,* Geo K Cook

*Place of Business,* No 707 W Baltimore St

H. H. Weber M. D.

Medical Attendant

*Address,* 298 N. Lombard st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 23466 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Lucilla Stunt

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Lebanon New Jersey

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give Street and Number.} 124 Camden St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), " "

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* July 21st 1886

*Undertaker,* Jos Black

*Place of Business,* No 707 W Baltimore *Address,* 67 N Paca St

C. C. Hamman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93467 *Office of Registrar of Vital Statistics.* Ward 17 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H. Febrey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 - 1 8, 20

*Place of Death,* {Give Street and Number.} West & William Sts

*Cause of Death,* First (Primary). Pneumonia

Second (Immediate), Abscess

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphons C.

*Date of Burial,* July 22

*Undertaker,* B. Hay & C

*Place of Business,* 82 West St.

R W & D Ellis M. D.

Medical Attendant.

*Address,* Greene & Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 9346 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July, 20th 1886, 7 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Kuhn, daughter of Charles & Caroline Kuhn

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 17 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} Child

*Occupation,* Child

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 89 E Lombard St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* Several days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmeal

*Date of Burial,* July 22d

*Undertaker,* Fred Gaede.

*Place of Business,* 29 S. Eden St. *Address,* 89 E Baltimore St.

A Krug Thurston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93469 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 21 1886, BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Cohen (Father)

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 190 N Front St

*Cause of Death,* First (Primary), Tremens Inascentium

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Cong. Cemetery

*Date of Burial,* July 21 1886

*Undertaker,* Jacob Altfeldt — Sam J Bolt M. D.

Medical Attendant.

*Place of Business,* 43 E. Pratt St. *Address,* 134 N Eutaw St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 21 1886

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Julia Lannon

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ Two (Parents) Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} 232 N. Eden St.

*Cause of Death,* First (Primary,) Asthenia

Second (Immediate,) ——

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Can Cathedral,

*Date of Burial,* July 21. 1886.

*Undertaker,* Wm. H. Hickman.

*Place of Business,* 2340 E. Jay St

T. P. McCormick M. D.
Medical Attendant.

*Address* 451 Eutaw Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93471 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. F. Embank

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 3 Yrs

*Place of Death,* {Give Street and Number.} 144 Bolton St

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate), Dysentery

*Duration of Last Sickness,* About 1 Yr

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 21st 1884

*Undertaker,* Henry S. Waters Jno. F. Kaltmeier M. D.

*Place of Business,* 55 & W Fayette Street *Address,* 371 Eutaw Place

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93472 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 BALTIMORE MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Carroll

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 *Months,* 19 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Davis City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 3 Bradenbaugh Alley

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Public Cemetery

*Date of Burial,* July 21" 86

*Undertaker,* Geo Pinehart

*Place of Business,* Health Office

*Address,* Camp Hoff R

James A Steuart M. D.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

C. F. Fitzpatrick Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 93473 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR OF BIRTHS JUL 21 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A E Ulrick (Eunuch)

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 1 *Months.* 6 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va. ✓

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give Street and Number.} 241 Presbury St

*Cause of Death,* First (Primary), Inflamation of bowels

Second (Immediate), Cachexia

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 22d/86

*Undertaker,* J E Monaghan & Co

*Place of Business,* 29 & Penna Ave *Address,* 525 Middle

Chas E Hamilton M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9347 *Office of Registrar of Vital Statistics.* Ward 9 1

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18, 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* — *Months,* — *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} MD

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Secondary hemorrhage from Comp. fracture of left thigh

Second (Immediate), Shock

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetery

*Date of Burial,* July 21 1886

*Undertaker,* Geo. Reinhart

*Place of Business,* Health Office *Address,* City Hospital

H Tuck Emmons M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93475 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 21 1886 BALTIMORE, MD.

H

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 43 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany (In America 14 Years)

*Duration of Residence in the City of Baltimore,* One Year

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Ground

*Date of Burial,* July 21st 1886

H Friedman M. D.
Medical Attendant.

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office *Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93476 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 21 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Elizabeth Cunningham

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* / *Years,* 22 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 68 N Arlington ave

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* July 22nd 1886

*Undertaker,* Geo R. Cook

*Place of Business,* 1707 N Balto St

N. F. Hill M. D.
Medical Attendant.

*Address,* 23 E Monument ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93477 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 22 1896 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Elder

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 39 *Years,* *Months.* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give Street and Number.} 7 N. Dallas St

*Cause of Death,* First (Primary), Malaria Fever

Second (Immediate), Congestion of Lungs

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* July 21st

*Undertaker,* John E Grace

*Place of Business,* 142 South Caroline St *Address,* 1962 E Baltimore

Wm N. Hill M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 83478 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 20th July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank M Fairbank

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Salesman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 346 N Stricker St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* July 22nd 1886

*Undertaker,* Danny H Mitchell

*Place of Business,* 652 S Broadway Address, 364 Madison Ave

H. W. Ohnings M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93479 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or sooner~~ if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

13

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcita C Edwards

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 2 *Months,* ..... 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 93 Bank St

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 93 Bank St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), asthenia

*Duration of Last Sickness,* 10 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 22d 1886

*Undertaker,* W. Dipre

*Place of Business,* S. Bond St

*Address,* 359 W Lombard St

A West M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93489 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. a.

*Date of Death,* 7. 20. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Johnson

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days* 1

*Color,* Black

*Married,* ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 8 yrs

*Place of Death,* {Give Street and Number.} ~~[illegible]~~ 235 Vine St

*Cause of Death,* First (Primary), Peritonitis

Second (Immediate), Collapse

*Duration of Last Sickness,* 3 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Cat in the Md

*Date of Burial,* July 21 1886

*Undertaker,* William Bowers

*Place of Business,* 62 East St

L. L. Dittrick M. D.
Medical Attendant.

*Address,* 467 N. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on the Reverse Side.

# Health Department, City of Baltimore.

Permit No. 93481 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July - 19th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Williams

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 6 Months. 7 Days

*Colored* Negro

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 44 Clay St

*Cause of Death,* First (Primary), Congest. of Lungs

Second (Immediate), Meningitis

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 22 1886

*Undertaker,* Wilson & Bouge

*Place of Business,* 62 East St

Wm. A. D. Sellman M. D.
Medical Attendant.

*Address,* 46 W. Biddle St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93482 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lecher

~~Sex,~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

*Age,* 62 *Years,* — *Months,* 4 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 41 years

*Place of Death,* {Give Street and Number.} 121 McElderry

*Cause of Death,* First (Primary), Chronic Pulmonary

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* 1 year

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 25

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square *Address,* 22 E Baltimore

J Mathis M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93483 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Graydon

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 60 Years

*Place of Death,* {Give Street and Number.} Aged Women's Home

*Cause of Death,* First (Primary), Softening of the brain

Second (Immediate),

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 22 1886

*Undertaker,* Hewes Eastern & Son

*Place of Business,* Park & Saratoga

H. M. Wilson M. D.
Medical Attendant.

*Address,* 251 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 93484 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 19 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Garrett

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ..... V

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 9 Peach alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* about 5 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount H. Cem.

*Date of Burial,* July 22nd

*Undertaker,* Little & Hardy

*Place of Business,* 148 W. Lt. St.

J. B. White M. D.
Medical Attendant.

*Address,* Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the peron deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93485. *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Ebey Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 430 Paunch alley

*Duration of Residence in the City of Baltimore,* Infant

*Place of Death,* {Give Street and Number.} 430 P. Alley

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 22 2 1888

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard *Address,*

G. W. Innis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93486 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Reuse

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* = *Years,* 10 *Months,* 22 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 200 N. Dallas St.

*Cause of Death,* First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four (4) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 23d 1886 J. Scott Steiner M. D.

*Undertaker,* Adam Fink & Son Medical Attendant

*Place of Business,* 416 N. Gay St. Address, Eager & Carroll Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible]

# Board of Health, City of Baltimore.

**Permit No.** 93487 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Kohrs

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* 6 *Months,* ——— *Days,*

*Color,* white

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* {Give street and Number.} 9 Hillen st

*Cause of Death,* First (Primary), Cancer uteri

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 3 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* St. Holy Redeemer

*Date of Burial,* July 23 th 86 F. A. Warner M. D.

Medical Attendant.

*Undertaker* Adam Fink Sr

*Place of Business,* 461 N. Gay st *Address,* 93 Valley st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 93488 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Weller

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} #4 - Whalcoat St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), 2 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 22nd

*Undertaker,* Jos. Goerdens & Son

*Place of Business,* 59 N. Eichord Address,

C. P. Howard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Back of Certificate.

# Board of Health, City of Baltimore.

**Permit No.** 93489 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

# CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Landers

*Sex,* ~~Male, or~~ *Female.* {Cross out the word not required in this line.}

*Age,* 51 *Years,* *Months,* *Days,*

*Color,* Colored

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation* House Keeping

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death.* {Give street and Number.} 22 Tissue St,

*Cause of Death.* First (Primary), Chronic Dyspepsia &

Second (Immediate), General Dropsy

*Duration of Last Sickness,* 3 & 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 23 1886

*Undertaker* Hercules

*Place of Business* 54 Conway St

D. Ginglin M. D.
Medical Attendant.

*Address,* 152½ N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The special attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 93490 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Coombs

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 3 — *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 39 Heath St

*Cause of Death,* First (Primary), Rubeola

Second (Immediate), Entero Colitis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn

*Date of Burial,* July 27

*Undertaker,* B. Hall

*Place of Business,* 82 West St

W. F. Phillips M. D.
Medical Attendant.

*Address,* 310 N. Lanvale

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Duty | Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93491 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 22 1896 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James C Steinbrenner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* 4 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Proprietor of Billiard Saloon

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York City

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give Street and Number.} 144 Myrtle Avenue

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudan Park

*Date of Burial,* July 23d 1896

C. Steinbrenner, M. D.
Medical Attendant.

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 144 W Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93492 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 21/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate E. Lennert

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 65 Luzerne St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 22nd 86

*Undertaker,* G. Franc

*Place of Business,* Frank & Wolfe Sts. *Address,* 50 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93498 *Office of Registrar of Vital Statistics.* Ward 14 a

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 11th. July 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stubler

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 15. *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~~

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} S. Chapelst. 54

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Athanasius Cem.

*Date of Burial,* July 23rd 86

William Henkel M. D.
Medical Attendant.

*Undertaker,* G. France

*Place of Business,* Pants & Wolfe Sts *Address,* S. Wolfe & 117

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93494 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Elwood

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 81 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married, Single~~, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 95 Elliott St

*Cause of Death,* First (Primary), Old age

Second (Immediate), Probably Exhaustion

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's

*Date of Burial,* July 23rd 1886

*Undertaker,* M. A. Harper

*Place of Business,* 74 S. Bway,

E. J. Wilson M. D.
Medical Attendant.

*Address,* 53 Elliott St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 93495 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1886 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1886.

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Hoskins

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* — *Months,* — *Days,* 1

*Color,* Black

*Married,* ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation* Lived at home

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} King & Queen Co. Va.

*Duration of Residence in the City of Baltimore,* Two weeks - Here on a visit.

*Place of Death,* {Give street and Number.} 75 Mulberry

*Cause of Death,* First (Primary), Sporadic Cholera

Second (Immediate), Collapse

*Duration of Last Sickness,* about 48 hours.

the above information should be furnished by the Physician.

*Place of Burial,* Shaft St Cemetery

*Date of Burial,* July 23rd 1886

Christopher Johnston Jr. M. D.
Medical Attendant.

*Undertaker* Wm Lowry

*Place of Business,* 65 Mulberry *Address,* 82 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93496

*Office of Registrar of Vital Statistics.*

Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria E A Shryock

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} Cor Townsend & Madison Ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), ~~———~~ Asthenia

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Lorraine Cemetery

*Date of Burial,* July 24 1886

*Undertaker,* Stewart & Mowan

*Place of Business,* 35 Park Ave *Address,* 359 N Eutaw St

J D Weil M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respe[illegible]o the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 93497 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 21st 1876

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bannon

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 71 Yorker

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 22

*Undertaker,* Michael Boyle

*Place of Business,* 1020 Scholl *Address,* 101 Barney

16 Webster M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93498 *Office of Registrar of Vital Statistics,* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1896 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Leonard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 42 years

*Place of Death,* {Give Street and Number.} 110 11 Leads alley

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 23rd 1896

*Undertaker,* Daniel Tilyou

*Place of Business,* 109 West St

J C Burch M. D.
Medical Attendant.

*Address,* 15 St Paul St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physic... to the Remarks ... Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 93499 *Office of Registrar of Vital Statistics.* Ward 8.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 22 1886 BALTIMORE MD.

TB

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Dahle

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* ~~2~~ *Years,* — *Months,* — *Days,*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow or Widower~~,* { Cross out the word not required in this line. } Infant

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto ✓

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } (Baltimore) 82 Hanford ave

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Acute meningitis

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 23rd

*Undertaker,* Geo Schilling

*Place of Business,* Holland Lyman

James Bamford M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is [illegible] to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93570 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Lorberg.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 24 *Days*

*Color,* white —

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 16 Bartlett street.

*Cause of Death,* First (Primary), [blank]

Second (Immediate), Cholera infantum.

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 23 the

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna ave

Henri E. Thalwitzer M. D.
Medical Attendant.

*Address,* 256 Mulberry street.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 1 0 1

# Health Department, City of Baltimore.

Permit No. 93501

## Office of Registrar of Vital Statistics.

Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

# CERTIFICATE OF DEATH.

B

*Date of Death,* July 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Rodney

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.} Female

*Age,* ——— Years, 6 Months, Days

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Port Deposit

*Duration of Residence in the City of Baltimore,* 15 days

*Place of Death,* {Give Street and Number.} 36 ~~Elliott~~ & O Donnell St

*Cause of Death,* First (Primary), Dentation

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Port Deposit Md.

*Date of Burial,* July 22 th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 25 & Alice Ann st.

J E Richard M. D.

Medical Attendant.

*Address,* 38 O Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H G E Traise

[over.]

Permit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

12
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Permit No. 93502 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
JUL 22 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Western

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 65 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Rod caper

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } A. A. Co. Md.

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* { Give street and Number. } 924 Walnut st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Morbus

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 22d 1886

*Undertaker,* Alex. Hemsley.

*Place of Business,* 116 Archard St

J. A. Ellis M. D., Medical Attendant.

Address, 1020 N Bridge

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Neglected treatment in time to save

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 93503

# Health Department, City of Baltimore.

Permit No. 93503 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Belle Matthews

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days*

*Color,* Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Unknown

*Duration of Residence in the City of Baltimore,* Few years

*Place of Death,* {Give Street and Number.} No. 12 Bruce St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* July 23/86

*Undertaker,* D. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 120 N. Greene St.

J. B. Gardner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 93504

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93504 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 18[illegible] BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Shipley.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* Fifty-five *Years,* Three *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married.

*Occupation,* Contractor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard County Md.

*Duration of Residence in the City of Baltimore,* About nine years.

*Place of Death,* {Give Street and Number.} No. 432 North Central ave.

*Cause of Death,* First (Primary), Oedema of Lungs & Pericardium.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about five months.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetary

*Date of Burial,* July 25 86

*Undertaker,* Geo Schilling

*Place of Business,* Ashland ave

Geo. W. Colwell M. D.
Medical Attendant.

*Address,* 539 Hanford ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 93505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Walker Jones

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* Four *Months,* Twenty four *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 150 Arlington av Balto

*Duration of Residence in the City of Baltimore,* Her entire lifetime

*Place of Death,* {Give street and number} 150 Arlington av Balto

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus.

*Duration of last Sickness,* Ill Feeble from birth Ill Six weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 23d 1886

Henry Chandlee M. D.
Medical Attendant.

*Undertaker,* J. E. Manyhale

*Place of Business,* 298 Lemmon av *Address,* 181 Linden av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 93506

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93506 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E. Crafton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* During Lifetime

*Place of Death,* {Give Street and Number.} 165 Preston St

*Cause of Death,* First (Primary), Gastro + Enteritis.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 4 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 23/96

*Undertaker,* Chas. F. Beaver

*Place of Business* 27 N. Eutaw Address, 57 Penna Ave

A. Rickert M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 93507

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93507 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene A

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 69 E Fayette

*Cause of Death,* First (Primary),

Second (Immediate), Croup

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cemetery

*Date of Burial,* July 25th 86

*Undertaker,* John L Schultz

*Place of Business,* 966 Hanover St *Address,*

*M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93508 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Gifford

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 5 marked out *Years,* 3 *Months,* 2 3 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Coffee Polisher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Massachusetts

*Duration of Residence in the City of Baltimore,* about 25 years

*Place of Death,* {Give Street and Number.} 208 Lanvale ave

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immed[illegible] asthenia

*Duration of Last Sickness,* about 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 25 1886

*Undertaker,* W L Watchman

*Place of Business,* 244 E Fayette st

Jas. E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 93509 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 BALTIMORE, MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July. 22nd. 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank. L. Bockati.

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 3 *Months,* 6. *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } # 160 Dover. St.

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,)

*Duration of Last Sickness,* 4 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* 23th July 1886

*Undertaker,* C. H. Weber

*Place of Business,* [illegible]

Edwin Coulyn M. D.,
Medical Attendant.

*Address,* # 244 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 73576

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93510 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Connoly Rea

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 10 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* ✓

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 79 S. Bond St

*Cause of Death,* First (Primary), Cyanosis

Second (Immediate), .....

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* July 23rd/86

*Undertaker,* M. A. Kaiser

*Place of Business,* 74 S. Broadway

R. W. Manfield M. D.
Medical Attendant.

*Address,* 82 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9371

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9371 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 23 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Aylward D

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 1 *Months,* 7 *Days* 1

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 St Paul St

*Cause of Death,* First (Primary), B

Second (Immediate), Marasmus

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 23rd 1885

*Undertaker,* Geo. Pinkard

*Place of Business,* Health Office

Thos. J. Ward M. D.
Medical Attendant.

*Address,* 127 St Paul

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9512

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9351½ *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Conway

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 11 *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Plumber & Gas fitter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 182 Front Ave

*Cause of Death,* First (Primary), Suicide by taking "Rough on Rats" a preparation containing Arsenic.
Second (Immediate), Exhaustion produced by the vomiting and purging caused by the arsenic in the above mentioned preparation

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 24th

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Frank J Flannery M. D.
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 93513

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93513 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 22 19 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hall

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ..... *Years,* ..... *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} No 52 Hanover

*Cause of Death,* First (Primary), .....

Second (Immediate), Pneumonia Bronchitis

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cemetery

*Date of Burial,* July 23rd

*Undertaker,* Wm H Hall

*Place of Business,* 32 West st

L C Burch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 93514

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93514 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

93514

*Date of Death,* 22nd July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jacobs

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* *Months,* *Days*

*Color,* W

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Prince Georges Co Md

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give Street and Number.} 271 Williams st

*Cause of Death,* First (Primary), Senility

Second (Immediate),

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnet Sec Cathedral Cemetery

*Date of Burial,* July 24th

*Undertaker,* R Neale

*Place of Business,* 59 West St

A McWhorter M. D.
Medical Attendant.

*Address,* 101 Bank st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7357

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93515 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1926 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1926

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie S Lanthicum

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Entire Life

*Place of Death,* {Give Street and Number.} 97 Battery Ave

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* July 25th "

*Undertaker,* R. Hood "

*Place of Business,* 57 West St

Theodore Corba M. D.
Medical Attendant.

*Address,* 146 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 93516

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93516 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 23 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Layney

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 64 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 606 Light St

*Cause of Death,* First (Primary), ...

Second (Immediate), Phthisis

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 24th

*Undertaker,* B Keale

*Place of Business,* 58 West St

Thomas Cole M. D.
Medical Attendant.

*Address,* 410 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93517 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, (or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 23 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 10 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Entire time

*Place of Death,* {Give Street and Number.} 43 Bond St

*Cause of Death,* First (Primary), ...

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 24 96

*Undertaker,* B. Hook

*Place of Business,* 7 West St

Edward Otto M. D.
Medical Attendant.

*Address,* 146 Bond St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93518. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Florence Michael

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 8 *Months,* 22 *Days.*

*Color,* White

*Married, Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 48 Edmondson Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), " "

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemy

*Date of Burial,* July 24 86

*Undertaker,* Cemy & Mitchell

*Medical Attendant,* Thomas O'Brien M. D.

*Place of Business,* 530 W Fayette *Address,* 579 N. Howard

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7847

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93519 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrol Lidie Jenkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 35 S. High st

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* near 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* July 24

*Undertaker,* Evans & Speir

*Place of Business,* 60 E Bath St

L. Ridgway Andre M. D.
Medical Attendant.

*Address,* 121 E Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 93520

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93520 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Frances Stewart

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} North Eutaw Street. No. 148

*Cause of Death,* First (Primary), Angina pectoris

Second (Immediate), Bodily exertion.

*Duration of Last Sickness,* fifteen minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 24th 1886

*Undertaker,* Evans & Spence. Richard McSherry M. D.
Medical Attendant.

*Place of Business,* 64 E Balto St *Address,* 65 N Paca Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9352 *Office of Registrar of Vital Statistics.* Ward 74

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 23 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harry Dudderow

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 7 *Months,* 22 *Days*

*Color,* white

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} ——— ———

*Occupation,* ——— ——— ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U. S.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 210 N. Wolfe St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 24 1886

*Undertaker,* Evans + Spence

*Place of Business,* 60 E Balto Street

Thos J. Simms M. D.
Medical Attendant.

*Address,* 242 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93524 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Phillips

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 91 *Years,* *Months,* *Days*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carrol Co. Md.

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} 114 Saratoga St

*Cause of Death,* First (Primary),

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 10 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 23

*Undertaker,* J. Stevens

*Place of Business,* 28 High St

Louis P. Hon M. D.
per E&LK
Medical Attendant.

*Address,* 226 Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 9332.3 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Johnson

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 5-2 *Years,* 2 *Months,* *Days.*

*Color,* Black

*Married, ~~Single~~, Widow or ~~Widower~~,* { Cross out the word not required in this line. } V

*Occupation,* Washerwoman

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } West Virginia

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* { Give street and Number. } 144 Henrietta St

*Cause of Death,* { First, (Primary,) Pulmonary Phthisis / Second, (Immediate,) }

*Duration of Last Sickness,* 14 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shorb St Cemetery

*Date of Burial,* July 24 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Central St *Address,* 158 Hanover St-Cor Lee

Richard Stanforth M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 9324

# Board of Health, City of Baltimore,

Permit No. 9352 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 22 July 1886 Six Oclk P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 66 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} 59 Pine St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* July 25th 1886

*Undertaker,* Geo Lauenstein

*Place of Business,* 589 Pratt *Address,* 175 Saratoga St

Thos J. Evans M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93525 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the ~~presentation~~ of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Coates

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give Street and Number.} 62 East Street

*Cause of Death,* First (Primary), Bright's Disease of Kidneys

Second (Immediate), Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 23 1886

*Undertaker,* William H. Engle

*Place of Business,* 62 East St

David A. Powell M. D.
Medical Attendant.

*Address,* ~~X 29~~ Aisquith St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93526 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

*Date of Death,* July 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

*Sex, Male or Female,* {Cross out the word not required in this line.} [illegible]

*Age,* [illegible] *Years,* [illegible] *Months,* [illegible] *Days*

*Color,* [illegible]

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} [illegible]

*Occupation,* [illegible]

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} [illegible]

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give Street and Number.} [illegible]

*Cause of Death,* First (Primary), [illegible]

Second (Immediate), [illegible]

*Duration of Last Sickness,* [illegible]

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 24th 1886

*Undertaker,* Wm E. Fry

*Place of Business,* 81 N. Broadway *Address,* [illegible]

[illegible] *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether ~~married or single~~) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 25527 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emelia L Schall

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 2 Bolton Alley

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 24. 1886

*Undertaker,* Martin Staley

*Place of Business,* Towanda Pa

Edward P McDevitt M. D.
Medical Attendant.

*Address,* 324 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93528 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Sampson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months.* 2 5 *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 165 York St.

*Cause of Death,* First (Primary), Exhaustion,

Second (Immediate),

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Evergreen Cemetery

*Date of Burial,* July 23 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Eastern Ave

Spencer H. Free M. D.
Medical Attendant.

*Address,* 112 Hanover St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7042

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9529 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma, Elizabeth Coffin

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 5 *Months,* 13 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 109 Montgomery, St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Nervous Prostration

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Kent Co

*Date of Burial,* July 24/1886

*Undertaker,* Armstrong Bro

*Place of Business,* 267 Light

H B Stolt M. D.
Medical Attendant.

*Address,* 00 Wasson av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4295 Fremont

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certi**

# Health Department, City of Baltimore.

Permit No. 93530

## Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 24 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

a

*Date of Death,* 23d July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inf child J. H. Murphy & Martha

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Parents

*Age,* ..... *Years,* ..... *Months,* 7 *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 654 Saratoga near Carrollton Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* July 24 1886

*Undertaker,* S. H. Chase

*Place of Business,* 192 Howard St

H. W. Kings M. D.

Medical Attendant.

*Address,* 364 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9331 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kerr

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 95 S. Sharp

*Cause of Death,* First (Primary), Hydrocephalus

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 24

*Undertaker,* H. Dugan

*Place of Business,* 151 S. Bond *Address,*

Chas. B. Reynolds *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. ____

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9353 *Office of Registrar of Vital Statistics.* Ward 5 n

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward R. Fitch

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* Ten *Months,* ____ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 17 Jefferson St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 2d Hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cem.

*Date of Burial,* July 24th 1886

*Undertaker,* Adam Fink & Son

*Place of Business,* 461 N. Gay St *Address,* 105 N. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93533 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Matthews

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Real Estate Agent

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give Street and Number.} 65 Fremont St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

*Duration of Last Sickness,* 8 or 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 25th 1886

*Undertaker,* Wm Weaver

*Place of Business,* 202 N Eutaw

E. E. Price & Son M. D.s
Medical Attendant.

*Address,* 262 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...**

# Health Department, City of Baltimore.

**Permit No.** 9353 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gladys Watter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 64 Edmonson Ave

*Cause of Death,* First (Primary), Catarrhal Enteritis

Second (Immediate), Hypothetic Meningitis

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* July 24th 1886

*Undertaker,* Wm Treaver

*Place of Business,* 202 N Eutaw

Thomas Shearer M. D.
Medical Attendant.

*Address,* 97 E. Chas St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 13535 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 24 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Florence Schilling

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 17 *Years,* 2 *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

~~*Occupation*~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 62 N. Pond st

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* July 25 - 1886

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93536 *Office of Registrar of Vital Statistics.* Ward 6 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Frank Mathaus

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 5th & Castle St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* July 24 1886

*Undertaker,* Frank Gracb

*Place of Business,* 249 N. Durham St *Address,*

J. H. Collenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...**

# Health Department, City of Baltimore.

**Permit No.** 9353 7 *Office of Registrar of Vital Statistics.* **Ward** 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21, 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lilian Gouley

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 688 W Fayette ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial* London Park Cem

*Date of Burial,* July 24 1896

*Undertaker,* Dennis & McAleer

*Place of Business,* 530 W Fayette Address

Geo Bosley M. D.
Medical Attendant.

319 Hoffman ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 93538 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Olmer Jr

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Cutter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 407 W. Pratt

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* I. O. Cemetery

*Date of Burial,* July 25 1886

*Undertaker,* Henry Hecht

*Place of Business,* 309 N. Central Av. *Address,* 283 N. Lombard

Edw F. Michael M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT BALTIMORE, MD. JUL 24 1886

# CERTIFICATE OF DEATH.

*Date of Death,* July 23. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willian V. Henry

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 Hours

*Color,* Wh'k *Sex,* .....

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} ~~Balt.~~ ~~E. Gay st~~ Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 504. E. Gay st

*Cause of Death,* First (Primary,) .....

Second (Immediate,) Cyanosis

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 24 1886

*Undertaker,* John A Jackson

*Place of Business,* Gay & Loudon sts *Address* 137 Dala... S

D D Grove M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 7

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93540 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fenge,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Tailor,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany, (35 yrs in U.S.)

*Duration of Residence in the City of Baltimore,* 35 years.

*Place of Death,* {Give Street and Number.} 306 Saratoga St.

*Cause of Death,* First (Primary), ...

Second (Immediate), Cancer of Mesentery & Omentum.

*Duration of Last Sickness,* 12 months.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 25th 1886.

*Undertaker,* Wm. Seewald

*Place of Business,* 35 S. Eutaw *Address,* 132 Sharp St.

R. J. N. Tall, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93511 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Shafer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

V

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 135 Ridgley St

*Cause of Death,* First (Primary), Enteric Colitis

Second (Immediate), Dysentery

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 24 1886

*Undertaker,* John T. Mackin

*Place of Business,* 150 Camden St

Geo R Graham M. D.
Medical Attendant.

*Address,* 136 Columbia Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 93542 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 24 1886
BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Shamberg.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* ——— *Years,* Nine *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No. 89 Wagoth St.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 25th 1886

*Undertaker,* John S. Meehan

*Place of Business,* No 150 Camden

Wm H Chandlee M. D.
Medical Attendant.

*Address,* Columbia Ave & Bouldin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

No. ...

# Health Department, City of Baltimore.

Permit No. 93543 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1893 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Marley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —, *Years,* 6 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 116 Johnson St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* July 26

*Undertaker,* C. Hasle

*Place of Business,* West St

J. C. Burch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

6

*Permit No.* 93374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

REGISTRAR'S PERMIT
JUL 31 1887
BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1887

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fedora Cotton

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 3 *Months,* 15 *Days.*

*Color,* W *Sex,* female

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 117 Orleans st

*Cause of Death,* First (Primary,) ...

Second (Immediate,) Marasmus

*Duration of Last Sickness,* 2 Month.

All the above information should be furnished by the Physician.

*Place of Burial,* Lloyd st Synagogue cemetery

*Date of Burial,* Sunday July 25th 10 a.m.

J Lynch M. D.
Medical Attendant.

*Undertaker,* D & J. Sondheim

*Place of Business,* 38 N. Greene st

*Address* 137 Orleans st

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce[illegible]

# Board of Health, City of Baltimore,

Permit No. 93545 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edith Winters

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* *Years,* *Months,* 4 9 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation* Infant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* 7 weeks

*Place of Death,* { Give street and Number. } 325½ Lem. Ave.

*Cause of Death,* First (Primary), Inanition

Second (Immediate), "

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters burst

*Date of Burial,* July 24th 86 J. H. Whitelow M. D.

Medical Attendant.

*Undertaker* [illegible]

*Place of Business,* 298 Lem Ave *Address,* 526 Mad. Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer**

# Health Department, City of Baltimore.

**Permit No.** 93546 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gleason

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* — *Days.*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 2fs Washington Ave.

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 25/86

*Undertaker,* J. B. Cook & Co

*Place of Business,* 709 W Balto St Address. 537 N. Paca St

R. Wilson M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 93547 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1886 REGISTERED

## CERTIFICATE OF DEATH.

*Date of Death,* July 22, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Bausch

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 4 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 4 Yrs

*Place of Death,* {Give Street and Number.} 189 S. Chester St

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Meningitis

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul Cem.

*Date of Burial,* July 25th 1886

*Undertaker,* Leonard Ritz

*Place of Business,* 131 S Broadway

M. D.

Medical Attendant.

*Address,* 244 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...

# Health Department, City of Baltimore.

Permit No. 93548 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or longer, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Jamison

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 5 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} single

*Occupation,* Child

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 133 Lond[illegible]

*Cause of Death,* First (Primary), cholera Infantum

Second (Immediate), asthenia

*Duration of Last Sickness,* 6 dys

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 25

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Balt St

D. Streett M. D.
Medical Attendant.

Address, 1489 Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 95549 *Office of Registrar of Vital Statistics.* Ward 3 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Theresa Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ... *Years,* 6 *Months.* ... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 60 Gough st.

*Cause of Death,* First (Primary), Pertussis

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent's Cemetery

*Date of Burial,* July 25. 1886.

*Undertaker,* Evans & Speier

*Place of Business.* 60 E Balto St *Address,* 33 & 1727 E Balto st.

P. D. Dawson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8
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*Permit No.* P3350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
JUL 24 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William. Powel.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Seed Dealer.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Bet York & Hillen Road.

*Duration of Residence in the City of Baltimore,* 35 years.

*Place of Death,* {Give street and number.} # 6. Irvin Place.

*Cause of Death,* First (Primary,) Remittent Fever.
Second (Immediate,) Jaundice.

*Duration of Last Sickness,* (25) Twenty five days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery *Date of Burial,* July 25th

J. M. Boiskill M. D.
Medical Attendant.

*Undertaker,* N. C. Wiedefeld *Address* 23 S. Broadway
*Place of Business,* 100 Greenmt Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 73551 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

14

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* —— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents Asylum

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Ex-

*Duration of Last Sickness,* 3 wks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* July 24th 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St.

D J Flannery M. D.
Medical Attendant.

*Address,* 404 Dr. Hill Ave.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Ce...

# Health Department, City of Baltimore.

Permit No. 93532 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lee

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 3 *Months,* 0 *Days.*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give Street and Number.} No 14 Jenkins Alley

*Cause of Death,* First (Primary), Hot weather

Second (Immediate), Marasmus

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* W. Public Cem.

*Date of Burial,* July 24th/86.

*Undertaker,* F. A. Fortiner

*Place of Business,* Health Office *Address,* Cor Mulberry & Greene

Benj F Bohrer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 93533 *Office of Registrar of Vital Statistics.* Ward 17 er

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

PUBLIC LIBRARY
JUL 24 1895
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A. Colwell

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* ... *Years,* 4 *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 4

*Place of Death,* {Give Street and Number.} 122 Rowland St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Anaem

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Cemetery Philadelphia Road

*Date of Burial,* July 24th 96

*Undertaker,* B. Hoch

*Place of Business,* 57 West St.

H. W. Ellis M. D.
Medical Attendant.

*Address,* Green & Mulberry St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 23d

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Irish

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 months *Months,* *Days.*

*Color,* colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 20 St near Frederick

*Cause of Death,* First (Primary,) Starvation or not properly fed

Second (Immediate,) Don't Probable Marasmus

*Duration of Last Sickness,* about dead on 22d gave medicine to take

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents cemetery

*Date of Burial,* July 24th 1886

*Undertaker,* Wm McKenzie

*Place of Business,* 62 East St

Richd Sappington M. D.
Medical Attendant.

*Address* 132 N Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

# Health Department, City of Baltimore.

Permit No. 93533 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ray

*Sex, Male ~~or Female~~* {Cross out the word not required in this line.} Male

*Age,* — *Years,* Six *Months,* — *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 4 Lairo St.

*Cause of Death,* First (Primary), Probably Scrof. or Syph. Dyscrasia

Second (Immediate), Marasmus.

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 24th 1886

*Undertaker,* Wilson Munger

*Place of Business,* 62 East St

E. H. Holbrook, M. D.
Medical Attendant.

*Address,* 185 N. Caroy St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

# Health Department, City of Baltimore.

Permit No. 93556 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. a

*Date of Death,* 7. 22. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino. Trippe

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* ——— *Months,* ——— *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 258 Raborg St

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 2 mos.

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cemetery

*Date of Burial,* July 24th 1886

*Undertaker,* William Young

*Place of Business,* 62 East St

Edw. W. Eastman *M. D.*
Medical Attendant.

*Address.* 324 Hill

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this**

# Health Department, City of Baltimore.

Permit No. 23557

*Office of Registrar of Vital Statistics.*

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. H. Hooper

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* —*Months,* —*Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} Saint Paul Place

*Cause of Death,* First (Primary), Chronic Bronchitis

Second (Immediate), Inflamation Liver & Peritonitis

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* July 25. 1886

*Undertaker,* Wm. H. Hickman. *M. D.*

Medical Attendant.

*Place of Business,* 2340 E. Gay *Address,* 121 E Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore

Permit No. 95338

*Office of Registrar of Vital Statistics.*

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sauerhoff

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single,~~ Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} 460 S. Appleton

*Cause of death,* First, (Primary,) Ovarian tumore

Second, (Immediate,) old age

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Com.

*Date of Burial,* July 26. 1886

*Undertaker,* Wm. H. Hickman.

*Place of Business,* 2316 E. Fayette St

A. Lonsdale M. D.,
Medical Attendant.

Address, 276 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 93559

## *Office of Registrar of Vital Statistics.*

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Collison

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* Years, 8 Months, Days

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 182 Batty av

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), General Debility

*Duration of Last Sickness,* 6 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester Co Md

*Date of Burial,* July 26th 1886

*Undertaker,* Cunningham

*Place of Business,* 263 Light

H Bartole M. D.
Medical Attendant.

*Address,* 55 Harrison av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 9556 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 23d July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Payne Jr

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 3d *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1. Patapsco av

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Harp st cemetery

*Date of Burial,* July 25th 1886

*Undertaker,* Wm A. Dungee

*Place of Business,* 62 East st

L. D. Dyer M. D.

Medical Attendant.

*Address,* 146 Shive Str

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

# Health Department, City of Baltimore.

Permit No. 10561 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Coleman

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* ..... *Months.* ..... *Days* 1

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} # 143 N Eden Street

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 27th 1886

*Undertaker,* W H Madden

*Place of Business,* ~~XX~~ 46 East St

Samuel A Powell M. D.
Medical Attendant.

*Address,* # 29 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 93562 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Buchacke

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* one *Months,* 21 *Days.*

*Color,* white *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* No. 7 O Donnel Street

*Place of Death,* {Give street and number.}

*Cause of Death,* First (Primary,) Teething

Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Evangelical cem

*Date of Burial,* July 26 1886

*Undertaker,* Mc Sander & Son

*Place of Business,* 252 Canton Ave

A. Schwartz M. D.
Medical Attendant.

*Address* 187 Chesapeake St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 93563 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Murray H. Crouse

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 5 *Years,* 11 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 328 N. Carolina st

*Cause of Death,* First (Primary),

Second (Immediate), Accident: (Pistol wound of the Brain)

*Duration of Last Sickness,* death about 18 hrs after accident

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* July 26 1886

*Undertaker,* H. A Sager

*Place of Business,* 74 S Bway, *Address,* 228 E Pratt st

W B Bibbins M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 9356 — *Office of Registrar of Vital Statistics.* — Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Quirk

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 414 Eastern Ave

*Cause of Death,* First (Primary), [illegible]

Second (Immediate), Meningitis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 22, 1886

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Bur

[signature] M. D.,
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 23565 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 24, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Mooris

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days*

*Color* Col

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 56 Biddle

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), 2 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemy

*Date of Burial,* July 25 1886

*Undertaker,* Morgan & Bro

*Place of Business,* 47 Hanover St *Address,*

G. Alexander M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

13

# CERTIFICATE OF DEATH.

*Date of Death,* July 24 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac N. Norris

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* white *Sex,*

*Married, ~~Single, Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Brick-Layer

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 92. N. Bond St.

*Cause of Death,* { First (Primary,) ... { Second (Immediate,) Consumption

*Duration of Last Sickness,* About One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto cemetery

*Date of Burial,* July 26 1886

J J Gaver M. D.
Medical Attendant.

{ *Undertaker,* John W Jackson
{ *Place of Business,* Gay & Saratoga St. *Address* 137 Orleans St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 9367 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Anderson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 8 *Months.* 3 *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City - Lifetime

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 216 Elbow Lane

*Cause of Death,* First (Primary), Bronchitis and Dentition

Second (Immediate),

*Duration of Last Sickness,* Four Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 26 1892

*Undertaker,* Hercules Ross

*Place of Business,* 96 Central Ave

J. Blum M. D.
Medical Attendant.

*Address,* 76 Columbia Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 93568 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan West

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 19 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored.

*Married, Single, Widower or Widower,* {Cross out the words not required in this line.} Single.

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co, Md.

*Duration of Residence in the City of Baltimore,* 16 yrs

*Place of Death,* {Give Street and Number.} No 8 Peach alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* About Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 25 1886

*Undertaker,* Hercules Boss

*Place of Business,* 96 Eastern Ave *Address,* Bells Polyclinic Hanover St

C. T. Jones M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93569 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Crowley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 359 Eutaw St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cemetery

*Date of Burial,* July 25 1886

*Undertaker,* Hercules Rose

*Place of Business,* 91 E Baltimore St

C. E. Bozze M. D.
Medical Attendant.

*Address,* 177 Park St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93570 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday July 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G Parr

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt: Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 360 E. Eager St.

*Cause of Death,* First (Primary), Diarrhea with Cerebral Complication

Second (Immediate), Convulsions

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* July 26th 1886

*Undertaker,* Adam Fink & Son

*Place of Business,* 461 N. Gay St. *Address,* Chas St & Fairmont Place

Wilmer Brinton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93571 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24' 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* ~~~ *Months,* ~~~ *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1 Mulberry St.

*Cause of Death,* First (Primary), Coma.

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 4 Hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 27 = 1886

James A Steuart M. D.

*Undertaker,* Jas. Hensley

*Place of Business,* *Address,* Comm'r of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dunning Assistant

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9357 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1886 BALTIMORE

*Date of Death,* July 24th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* — *Months,* — *Days.*

*Colored*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* about 10 years

*Place of Death,* {Give Street and Number.} Mullikin St Court

*Cause of Death,* First (Primary), Frequent cold

Second (Immediate), exhaustion

*Duration of Last Sickness,* not known to me

All the above information should be furnished by the Physician.

*Place of Burial,* Carlem Sub-Cemetery

*Date of Burial,* July 25/86

*Undertaker,* George Rinehart

*Place of Business,* City Hall

Milton N. Taylor M. D.
Medical Attendant.

*Address,* 138 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93573. *Office of Registrar of Vital Statistics.* Ward 5"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1886 BALTIMORE

*Date of Death,* July 24" 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bedford.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~ *Years,* 9 *Months,* ~~ *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 149 Chestnut St.

*Cause of Death,* First (Primary),

Second (Immediate), Chro" Infantum

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Prot Cem

*Date of Burial,* July 25" 1886

*Undertaker,* Geo Rine Last

*Place of Business,* Health Dept

James A Steuart M. D.
Medical Attendant

Comm" of Health & Registrar
*Address,*

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning = Undertn

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93574 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1886 BALTIMORE

*Date of Death,* July 24-1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H Thomas Boring

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Butte City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 7- Patterson Lane (Patterson)

*Cause of Death,* First (Primary), Pneumonitis

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 26 1886

*Undertaker,* A. Rohde

*Place of Business,* 48 Pennaavenue Address,

H J Houck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93575 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1893 BALTIMORE

*Date of Death,* July 24, 93 (3 45 A.M.)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah Galmini

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 46 *Years,* — *Months,* — *Days*

*Color,* Colored

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland (In America 28 Years)

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Fourteen Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Peace

*Date of Burial,* July 26

*Undertaker,* [redacted]

*Place of Business,* [redacted] *Address,* City Hospital

H Friedenwald M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93576 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1886 BALTIMORE

*Date of Death,* July 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Zimmerman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 7 Months, — 20 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 56 Clay st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Prostration

*ration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*e of Burial,* July 25th 1886

*f Burial,* Baltimore & O

*taker,* Wm. Schlosser

*Business,* 181 Fourth *Address,* 166 S. Eden st

Medical Attendant. M. D.

**Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

*e it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of ded during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 13577 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 22, 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia E. Murray

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* — *Months,* — *Days*

*Color,* col

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} 332 Park av

*Cause of Death,* First (Primary), Congestion of Brain

Second (Immediate), General Paralysis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 25th 1881

*Undertaker,* Wm H Chase

*Place of Business,* 19 S Howard

B. B. Browne M. D.
Medical Attendant.

*Address,* 307 Madison av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9378 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Kraft

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 163 S. Bond St

*Cause of Death,* First (Primary), Trismus Nascentium

Second (Immediate),

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* N. Oglehanes Cemet

*Date of Burial,* July 25 86 | John H. Rehlinger M. D.

*Undertaker,* Felix Brosbrook | Medical Attendant.

*Place of Business,* 218 E Aisquith *Address,* 743 Hill Annex

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 9579 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Hermanowski

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ~~Years,~~ 9 *Months,* ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Two months

*Place of Death,* {Give Street and Number.} # 339 S. Bond St.

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate),

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cem

*Date of Burial,* July 25 86

*Undertaker,* Felix Bros Bonzi. John H. Pelberg M. D.

Medical Attendant.

*Place of Business,* 215 S Bond St *Address,* # 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and conditions (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 73580 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ophelia J Harper

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 51 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 715 W Fayette st

*Cause of Death,* First (Primary), Asthenia

Second (Immediate), "

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Va

*Date of Burial,* July 26 1886

*Undertaker,* Leary & Mitchell

*Place of Business,* 57 W Fayette St Address, 134 N Carrollton Av

John D Pennington M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Franc. 4298

# Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 9358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 23, 1886 8.45 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry J. Michael

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 5-8 *Years,* —— *Months,* 12 *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant-

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number.} 64 N. Carey St-

*Cause of Death,* First (Primary,) Morbus Brightii

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery J. Edwin Michael M. D.

*Date of Burial,* July 25th 1886 Medical Attendant.

*Undertaker,* D Ensy & Mitchell

*Place of Business,* 55 & W Fayette St *Address* 246 Madison ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Ward

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give street and number.} 23 Newman St

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,) Pulmonary Congestion

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross.

*Date of Burial,* July 26th 86

Wm. P. Larkin, M. D.
Medical Attendant.

*Undertaker,* Wm. Cadogan

*Place of Business,* 227 Mulberry St. *Address* 213 N Gilmore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93583 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maine Jones

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 199 Marburg ave.

*Cause of Death,* First (Primary), Cramps

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* In E. Cemy - Philad road

*Date of Burial,* July 26/86

*Undertaker,* Chas S Fry

*Place of Business,* 21 N. Broadway

G. Glanville Tuck M. D.
Medical Attendant.

*Address,* 2000 E. Balt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93584 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Trontner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 157 Stirling

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Calvel

*Date of Burial,* July 26 /86

*Undertaker,* Michael Funk

*Place of Business,* 35 Bank St *Address,* 283 N. Eden st.

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 93586 *Office of Registrar of Vital Statistics.* Filed 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Frederick Flach

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* 6 *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Grocer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany Lived 10 Years and Since

*Duration of Residence in the City of Baltimore,* 10 Yrs

*Place of Death,* {Give Street and Number.} Cor Fulton and Lefferson Ave

*Cause of Death,* First (Primary), Epilepsy Hemorrhage of

Second (Immediate), Result of fall Concussion of cerebral

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 26

*Undertaker,* Walter Lunnel

*Place of Business,* 315 West Biddle *Address,* 1429 N Stricker St

Louis A. Starke *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93586 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 25 July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie M. Giles

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 11 *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* Life's

*Place of Death,* {Give Street and Number.} 24 Pitcher St.

*Cause of Death,*
First (Primary), Cholera Infantum
Second (Immediate), Meningites

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* Aug 26 1886

H. W. Owings M. D.
Medical Attendant.

*Undertaker,* Martin Bailey

*Place of Business,* 125 Fawn St. *Address,* 264 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93587

## *Office of Registrar of Vital Statistics.*

Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or sooner~~, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* 24th of July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cary Klein

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 10 *Months,* ( *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 10 months 3/04

*Place of Death,* {Give Street and Number.} E Pratt St No 3900

*Cause of Death,* First (Primary), General debility, teething,

Second (Immediate), Marasmus

*Duration of Last Sickness,* several months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Pk. Cemetery.

*Date of Burial,* July 26th

*Undertaker,* F. N. Troll

*Place of Business,* 131 Hanover St *Address,* 120 Pearl St Balt

D. H. Hellmann M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Cer...

# Health Department, City of Baltimore.

Permit No. 93688 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Groop

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shirtcutter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 13 Hillen st

*Cause of Death,* First (Primary), Angina Pectoris

Second (Immediate), Spasm of heart

*Duration of Last Sickness,* 1/2 hour

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 26th

*Undertaker,* F. M. Troll

*Place of Business,* #131 Hanover St. *Address,* 124 n Exeter st

E. C. Baldwin M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 93589 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moore Mapes

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 65 Lambert St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 26 86

*Undertaker,* L. Whaley

*Place of Business,* 193 Howard St

Edward Coale M. D.
Medical Attendant.

*Address,* 1116 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

# Health Department, City of Baltimore.

Permit No. 93590 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Johnson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* Has Lived

*Place of Death,* {Give Street and Number.} Back basin near draw bridge

*Cause of Death,* First (Primary), Asphyxia from drowning.

Second (Immediate) Having accidentally fallen from a schooner

*Duration of Last Sickness,* 2 — 3 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Sub Cmty

*Date of Burial,* July. 25

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Dept. Address. Coroner.

Alexander Hill, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

# Health Department, City of Baltimore.

Permit No. 13591 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Moore

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 yrs *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Seaman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Norway

*Duration of Residence in the City of Baltimore,* Two Years

*Place of Death,* {Give Street and Number.} St Joseph's Hospital

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Sub Cemetery

*Date of Burial,* July 25th

*Undertaker,* Geo. W. Kimball

*Place of Business,* Health Dept. *Address,* Marine Hospital Terminal

L. W. Mead M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9552 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 25th. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ernest Dissell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 10 *Months,* 22 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 442 Canton Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* 48 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Luth. Cem.

*Date of Burial,* July 26 1886

*Undertaker,* C. Sauder & Son

*Place of Business,* 252 Canton Ave *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

# Health Department, City of Baltimore. 13

Permit No. 93593 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 24. 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Hopkinson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* — 9 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 96 W. Pratt St

*Cause of Death,* First (Primary), Albuminuria

Second (Immediate), Uraemia

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mont Olivet Cemetery

*Date of Burial,* July 26

*Undertaker,* Fox & Block

*Place of Business,* 710 W Baltimore

A. Smith M. D.
Medical Attendant.

*Address,* 242 W. Fombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93594 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 25th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Wilman.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 1 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 54 N Front St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Feble from birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* July 26 1886

*Undertaker,* James L Byrne

*Place of Business,* No 63 N Front St *Address,* 2 N Broadway

D W Cathell *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93595 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Morgan Richardson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 36 *Years,* 5 *Months,* 25 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} 136 E. Townsend St

*Cause of Death,* First (Primary),

Second (Immediate), Heart Disease

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Rock Spring Church Hartford Md

*Date of Burial,* July 27 1882 E. C Gibbs M. D.

*Undertaker,* Henry McGinnis Medical Attendant.

*Place of Business,* 8 N Central Ave *Address,* 136 E. Townsend St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 93596 — *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

13

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Cheeks

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 21 *Days.*

*Color,* Black.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 148 N Dallas St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 26

*Undertaker,* John E Grace

*Place of Business,* 142 S Caroline St *Address,* 238 N Broadway

Wm. E. Russell M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 9357 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert A. Parmiter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word's not required in this line.}

*Occupation,* ~~22~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 111 S. Hyde

*Cause of Death,* First (Primary), Pertussis, ventilation

Second (Immediate), Convulsions

*Duration of Last Sickness,* Few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 27th 1886

*Undertaker,* Henry H. Mears

*Place of Business,* #22 W. Fayette St *Address,* 171 N Calvert St

Geo. A. Reynolds *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Cer...

# Health Department, City of Baltimore.

Permit No. 93598 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Joseph & Alice Booze

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 7 *Days*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 94 Moores Alley

*Cause of Death,* First (Primary), ....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 27/86

*Undertaker,* H. Rose

*Place of Business,* ....

James A Steuart M.D.

Address, Cor Pitt & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E. Bromwell
Inspector

# Health Department, City of Baltimore.

Permit No. 9359 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Curtis.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ——— *Months,* ——— *Days*

*Color,* Col

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Not any.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Accomack Co Va

*Duration of Residence in the City of Baltimore,* 2½ Months.

*Place of Death,* {Give Street and Number.} No 1 Ivy Alley

*Cause of Death,* First (Primary), Endocalitis

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 26

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

Edward Gillackenzie M. D.
Medical Attendant.

*Address,* 69 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin twenty-four hours afier the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 93600 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marshall R Taylor.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 6 *Months,* *Days*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 289 Raborg St.

*Cause of Death,* First (Primary), Tuberculous Meningitis,

Second (Immediate), Coma

*Duration of Last Sickness,* 2 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 26 1886

*Undertaker,* William Neary

*Place of Business,* 62 East St.

John A Pennington M. D.
Medical Attendant.

*Address,* 134 S Carrollton Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 43601 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry G. Oberlander

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 62 *Years,* 5 *Months.* 19 *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Carpet Weaver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Saxony Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give Street and Number.} 67 N. Wolfe Street

*Cause of Death,* First (Primary), Cerebral Embolism, Hemiplegia

Second (Immediate), Ramollissement

*Duration of Last Sickness,* 2 years 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cem.

*Date of Burial,* July 26. 1886

*Undertaker,* John Hennessy

*Place of Business,* 382 Orleans St. *Address,* 417 E. Fait St.

Chas. G. Shaw M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93602 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 25th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Wallis

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 50 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give Street and Number.} 6 Chestnut St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Dropsy

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 27th 86

*Undertaker,* Wm H Lingo

*Place of Business,* 37 East St

Edward Shuster M. D.
Medical Attendant.

*Address,* Cumberland Md

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Eh 6y

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

L. P. Fitzpatrick
Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 53443 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Hawkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 85 *Years,* ..... *Months.* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

*Duration of Residence in the City of Baltimore,* 40

*Place of Death,* {Give Street and Number.} 635 Penna Ave

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 27 1886

*Undertaker,* Alley Kennedy

*Place of Business,* 116 Orchard st

Chas E Cadden M. D.
Medical Attendant.

*Address,* 5 Penna Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93614 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Edwards

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* 27 *Days*

*Color,* Black

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 14 Dalton Alley.

*Cause of Death,* First (Primary), Pneumonia.

Second (Immediate), Probably Apnoea.

*Duration of Last Sickness,* Seven days.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 26 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 66 Orchard St

Spencer H. Free M. D.
Medical Attendant.
Polyclinic
*Address,* 112 Hanover St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

# Health Department, City of Baltimore.

Permit No. 93605 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26, 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmine Volz Volz

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* — *Months.* *Days.*

*Color,* White,

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 46 yrs,

*Place of Death,* {Give Street and Number.} 54 N. Fulton Av.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage of Lungs,

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 28th 1886

*Undertaker,* John P. Smullen

*Place of Business,* 66 Fred. *Address,* 837 N. Paca St

C. A. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9366 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1886

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 25, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miriam Stern

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower;*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany,

*Duration of Residence in the City of Baltimore,* 37 years.

*Place of Death,* {Give Street and Number.} 258 E. Madison St.

*Cause of Death,* First (Primary), Cancer of the breast

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Lloyd St Heb. Cemetery

*Date of Burial,* July 27th 1886.

*Undertaker,* Evans & Spence

*Place of Business,* 60 E. Baltimore St.

George H. Rohé, M. D.
Medical Attendant.

*Address,* 139 N. Calvert St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 9360 7 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecah Jacobs

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* {Give street and Number.} 146 S Bond St

*Cause of Death,* First (Primary), Aortic Stenosis with

Second (Immediate). Mitral Incompetency.

*Duration of Last Sickness,* About 3 years.

All the above Information should be furnished by the Physician.

*Place of Burial,* Chev Shalom Cemetery

*Date of Burial,* July 27. 1886

*Undertaker* Evans & Spence

*Place of Business,* 60 E Baltimore St

E. W. Eilan *M. D.*
Medical Attendant.

*Address,* 85 E Baltimore St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 9360 8 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~ Male

*Age,* 1 *Years,* 2 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} # 312 Montgomery st

*Cause of Death,* First (Primary), Pneumonia Double

Second (Immediate), Prostration

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 26 1886

*Undertaker,* H Peel

*Place of Business,* 75 Lombard

C. L. Goldenbow M. D.
Medical Attendant.

*Address,* 166 N Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Side.

# Health Department, City of Baltimore.

Permit No. 9369 *Office of Registrar of Vital Statistics.* Ward 5 A

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

13

*Date of Death,* July 26 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Young

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Fifty Two (52) *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Shoe Dealer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No 140 McElderry Street

*Cause of Death,* {First (Primary),} {Second (Immediate), Consumption

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park &

*Date of Burial,* Aug 28th 1886

*Undertaker,* John D. Thacher

*Place of Business,* No 150 Eastern Ave

Wm H Clendinen, M. D.
Medical Attendant.

*Address,* No 102 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93610 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Rau

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 28 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ / ~~Widow or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 712 S. Charles St.

*Cause of Death,* First (Primary),

Second (Immediate), Exanition

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Homewood Cemetery.

*Date of Burial,* July 28,

*Undertaker,* B Harle.

*Place of Business,* 82 West St *Address,* 333 Light St

Robert S. Lowe M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4301

# Board of Health, City of Baltimore.

**Permit No.** 9361 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 25. 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Edward Tuckey

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 62 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation* Painter

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* { Give street and Number. } 28 Lorman St.

*Cause of Death,* First (Primary), Gen'l. Debility

Second (Immediate), " "

*Duration of Last Sickness,* 2 days in bed

All the above information should be furnished by the Physician.

*Place of Burial,* National Cemetery

*Date of Burial,* July 27- 86

*Undertaker* Mr. Clarke & Sons

*Place of Business,* 92 S. Amm

J. H. Christian M. D.
Medical Attendant.

*Address,* 506 Mad. Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 95112 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Learn

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Mallory wf.

*Cause of Death,* First (Primary), Asphyxia from drowning

Second (Immediate),

*Duration of Last Sickness,* 2 — 3 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* July 27 '86

*Undertaker,* M. A. Dagen

*Place of Business,* 74 S. Bway

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner.

Accidental
while
[illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93613 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 86. Colored

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Campbell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 22 *Months,* *Days*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Child ✓

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* ~~During~~ 22 mths

*Place of Death,* {Give Street and Number.} 118 S Dallas St.

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Anne Arundel Co. Md

*Date of Burial,* July 27 86

*Undertaker,* M. A. Traiger

*Place of Business,* 74 S. Broadway

Geo. T. Siljack M. D.
Medical Attendant.

*Address,* 35 W Bond St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4302

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9611 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Eckhart Sen. Rec'd

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 11 *Months,* 25 *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 305 Rock

*Cause of Death,* First (Primary), Measles - Ethymus Pyaemia and Pulmonic

Second (Immediate), Asthenia

*Duration of Last Sickness,* 10 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem'y

*Date of Burial,* July 27th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann *Address,*

Geo. L. Miller M. D.
Medical Attendant.

W. L. Bruce

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...

# Health Department, City of Baltimore.

Permit No. 9365 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 27 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine House.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during Life.

*Place of Death,* {Give Street and Number.} No 38 N Eden St.

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis.

*Duration of Last Sickness,* Confined to House 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 28th

*Undertaker,* Geo Keating

*Place of Business,* Cor N Monument

J. Ridgway Jr M. D.
Medical Attendant.

*Address,* 121 E Biddle

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9366 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT JUL 27 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 25 July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Sohl

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 48 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Marburg Hessia Germany 8 years in U.S.

*Duration of Residence in the City of Baltimore,* 32 years in Baltimore

*Place of Death,* {Give Street and Number.} Cross Street 113

*Cause of Death,* First (Primary), Cholera morbus.

Second (Immediate), Weakness

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 27 July 1886

*Undertaker,* W. H. Steuart

*Place of Business,* 35 S. Eutaw Street

L. J. Reinhard M. D.
Medical Attendant.

Address, 211 N Howard Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9861 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1886 BALTIMORE MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonas Katz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* ——— *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number,} N. 425 E. Madison St

*Cause of Death,* First (Primary), Tetanus infantum

Second (Immediate), Obscurtis

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cheb Shalom

*Date of Burial,* July 27th 1886

L. Pollitzer M. D.
Medical Attendant.

*Undertaker,* Evans & Speed

*Place of Business,* 60 E. Balto St. *Address,* 125 Eden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...

# Health Department, City of Baltimore.

Permit No. 9368 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

## CERTIFICATE OF DEATH.

*Date of Death,* July 26. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Elm

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Saxony - Germany

*Duration of Residence in the City of Baltimore,* 30.

*Place of Death,* {Give Street and Number.} St Joseph's Hospital, City

*Cause of Death,* First (Primary), old age

Second (Immediate), Diarrhoea (Chronic) Exhaustion

*Duration of Last Sickness,* 2 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Jeffersons Cem

*Date of Burial,* July 27/86

*Undertaker,* M Funk

*Place of Business,*

A. V. Gosweiler M. D.
Medical Attendant.

*Address,* 96 E. Ann St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93619 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 27 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard de Martello

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 4 *Months,* 3 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} US

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1 Peach alley. —

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 1 week —

All the above information should be furnished by the Physician.

*Place of Burial,* Western Bone

*Date of Burial,* July 27 Th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Lowe sts *Address,* 226 Montgomery.

Geo. A. Staus M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9562O *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Merlin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 6 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Dur. Life

*Place of Death,* {Give Street and Number.} 712 Light St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* 10 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mound Carmel Cem

*Date of Burial,* July 28th 1886

O. A. Cooke M. D.

Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Lorse *Address,* 110 Fort Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this [illegible]

# Health Department, City of Baltimore.

Permit No. 9362 1 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF STATISTICS JUL 27 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* July 25th 1886

*Full Name of Deceased,* {Write legible and spell correctly. If an Infant not named, give names of parents.} Nellie Ann Hartig

*Sex, Male or Female,* {Cross out the word not required in this line.} —

*Age,* ... *Years,* 1 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Entire City

*Place of Death,* {Give Street and Number.} 92 Pratt St

*Cause of Death,* First (Primary), ...

Second (Immediate), Meningitis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* July 27 Th 1886

Theodore Costa M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 146 Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93624 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 27 1896
BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Doman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months.* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore —

*Duration of Residence in the City of Baltimore,* Lifetime —

*Place of Death,* {Give Street and Number.} 82 Church Ln.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 weeks —

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 27

*Undertaker,* Michael Doyle

*Place of Business,* No 200 S Charles St

J. M. White M. D.
Medical Attendant.

*Address,* Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23623 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday July 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Hanlon.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 52 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Janitoress of Public School

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 34 Years.

*Place of Death,* {Give Street and Number.} 141 Harford ave.

*Cause of Death,* First (Primary), Cirhosis of Liver with Nephritis Complicated

Second (Immediate), Ascites, Exhaustion, Coma

*Duration of Last Sickness,* Ten Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 28th 1886

*Undertaker,* Henry L. Mears

*Place of Business,* #22 W. Fayette Street

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Charles & Forrest Place.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93624 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 27 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Dixon.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* ✓ *Days*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Architect

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Wilmington Del

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 253 N Eutaw

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 28th 1886

*Undertaker,* Wm Weaver

*Place of Business,* 202 N Eutaw *Address,* 19 Franklin

J H Patterson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93625 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH. 14

*Date of Death,* 26 July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Peter

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 79 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,* 43 years

*Place of Death,* {Give Street and Number.} German Home for the aged

*Cause of Death,* First (Primary), Emphysema — Dropsie

Second (Immediate), Paralysis of heart

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 29th 86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 211 N. Howard Street

L. E. Reinhard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93626 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 27 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 26th July, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Rosalie Hosback.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female.

*Age,* *Years,* Eleven *Months.* Fourteen *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 285 West Fayette St.

*Cause of Death,* First (Primary), Malignant Scarlet Fever.

Second (Immediate),

*Duration of Last Sickness,* Five Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 27th

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* Fayette & Fremont Sts

H. H. Little, M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 93627 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out.* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday July 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Theobil

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 67 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Darmstadt Germany

*Duration of Residence in the City of Baltimore,* Eight ½ years

*Place of Death,* {Give Street and Number.} 124 E. Lanvale St.

*Cause of Death,* First (Primary), Acute Inflammation of Bowels following Chronic Diarrhea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Nine days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemet

*Date of Burial,* July 28th 1886

*Undertaker,* John J. Andrews

*Place of Business,* 1646 Druid Hill Ave

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Cor. Lee St. & Forest Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 27 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Daly

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 295. McDonough St

*Cause of Death,* First (Primary,) Gastritis

Second (Immediate,)

*Duration of Last Sickness,* 9 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery J. Lynch. M. D.

*Date of Burial,* July 27th 1886 Medical Attendant.

*Undertaker,* Wm. S. Fry

*Place of Business,* 81 N. Broadway *Address* 137 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this ...

# Health Department, City of Baltimore.

Permit No. 93629 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo R. Cunningham

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md. Co.

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give Street and Number.} 2 Druid

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), Chronic

*Duration of Last Sickness,* 2 Months 2nd Month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 28th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,*

Geo. L. Dain M. D.
Medical Attendant.

2 Druid

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93630 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 27 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rena Goldsmith

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 21 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 25 Argyle Avenue

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Fells Point Cemetery

*Date of Burial,* July 27th 1886

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Balto St *Address,* 206 N. Eutaw St

Chas. G. Ruff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93631 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Kocinska

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 75 Thames St.

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 27th 1886

*Undertaker,* Felix Brzoskowski

*Place of Business,* 213 S Ann St *Address,* Canton R R

Edwin A Cleaves M. D.
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules as below, and to those on Back of this Card.

# Health Department, City of Baltimore.

Permit No. 93632. *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 27 1886
BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Bachman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 6 *Months,* 26 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 9 James alley

*Cause of Death,* First (Primary), Cholera

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 hrs about

All the above information should be furnished by the Physician.

*Place of Burial,* West 42 d

*Date of Burial,* July 28

*Undertaker,* B. Hall

*Place of Business,* 82 West St

Bart Smith M. D.
Medical Attendant.

*Address,* 28 S. Charles St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93633 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Keys

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* Dark

*Married,* ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeping

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 104 S. Eutaw St.

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Consumption

*Duration of Last Sickness,* Eight Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 27 1886

*Undertaker,* S. H. Shaw

*Place of Business,* 198 Howard St.

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 359 Barre St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93634 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~seventy-four~~ *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

14

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbia Butler

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* Seamstress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hampden, Va

*Duration of Residence in the City of Baltimore,* Nine Yrs

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Gangrenous Cervix Uteri

Second (Immediate), Septicaemia (Puerperal)

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* July 26. 86

*Undertaker,* Jno B. A. Kirkman

*Place of Business,* Health Office

J. Ridley Nott M. D.
Medical Attendant.

*Address.* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93635 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. JUL 27 1886

34

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frithy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Seaman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland - two weeks

*Duration of Residence in the City of Baltimore,* Two weeks

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* July 26, 86

C. W. Mitchell M. D.
Medical Attendant.

*Undertaker,* Fred'k A. Kirchner

*Place of Business,* Health Office *Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93636 *Office of Registrar of Vital Statistics,* Ward 8 11 4

HEALTH DEPARTMENT JUL 27 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C Price

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Two years

*Place of Death,* {Give Street and Number.} 80 East Lanvale St

*Cause of Death,* First (Primary),

Second (Immediate), Organic Heart disease

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 28th 1886

*Undertaker,* Wm O Weaver

*Place of Business,* 202 N Eutaw St *Address,* Waverly

P H Reese M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9363 7 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Loffler Sr

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* 5 2 8 *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* No Occupation.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* 52 Years.

*Place of Death,* {Give Street and Number.} 62 George St

*Cause of Death,* First (Primary), Aneurism of Aorta

Second (Immediate),

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 29. 1886

*Undertaker,* Walter Immel

*Place of Business,* 315 N. Biddle

I. L. Rabory M. D.
Medical Attendant.

*Address,* 203 N Biddle St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93638 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH JUL 27 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 7½ 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor Boffin Livingston.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 63 Cumberland St

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loceden Park

*Date of Burial,* July 27

*Undertaker,* Walter Immel

*Place of Business,* 315 N. Eddle

J. Rickert M. D.

Medical Attendant.

*Address,* 515 Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93.639 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1893 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1893.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Bohanan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S.

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 124 Marshall Ave

*Cause of Death,* First (Primary), I

Second (Immediate), Colitis

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mathews Co Va

*Date of Burial,* July 28th

*Undertaker,* Armstrong & Demy

*Place of Business,* 263 Light St. *Address,* 18-2 Shaw St

R. J. H. Tabb M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Franc. 4303

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 93640 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 25th July '86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexius Metzger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 42 South Broadway

*Cause of Death,* First (Primary), Inflammation

Second (Immediate), Bowels

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* July 28/86

*Undertaker,* A. Dippel

*Place of Business,* S. Bond St. *Address,* 32 N. Chas & Read

John F. Morrison M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 93641 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 27 1886
BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Shannon

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 6 *Months,* ... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 6 mos.

*Place of Death,* {Give Street and Number.} Nursery and Childs Hospital

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 27

*Undertaker,* C. W. Bigford

*Place of Business,* 201 [illegible] *Address,* 1 Edmondson Ave

J. H. Buxham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93642 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUL 27 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Kaufelder

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 67 *Years,* *Months,* 7 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} 41 S. Madeira Alley

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 4 years and 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* W Hollins Cemetery

*Date of Burial,* 28 July

*Undertaker,* W Dixon

*Place of Business,* 151 S Bond *Address,* 1727 E. Baltimore st.

P. G. Lauch *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93643 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 27 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Boone

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* —— *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 196 Aisquith St.

*Cause of Death,* First (Primary),

Second (Immediate), Hepatitis, (Acute)

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 28th

Jno. Burke Boyle M. D.

Medical Attendant.

*Undertaker,* ~~P. F. Kaufold~~ W. F. Hickman

*Place of Business,* ~~[illegible]~~ Gwynn's Falls *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93644 *Office of Registrar of Vital ~~Statistics.~~* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Mcevoy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Mayo Co, Ireland

*Duration of Residence in the City of Baltimore,* 33 yrs,

*Place of Death,* {Give Street and Number.} 115 S. Spring St.

*Cause of Death,* First (Primary),

Second (Immediate), Malarial fever

*Duration of Last Sickness,* under my Care 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 28th '

*Undertaker,* Evans & Spence

*Place of Business,* Co. E. Balto St. *Address,* S. W. Cor Pratt & Regt

John E. Mcmurrow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93645 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. H. Phillips

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} St Joseph's Hospital

*Cause of Death,* First (Primary), Carcinoma Epithelial

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About two years

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 28-86

*Undertaker,* Lemmon & Mortuary

*Place of Business,* 5 & 7 W. Fayette St *Address,*

F. H. Mead M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93646 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 28 1896
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Burchel (Burchal)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 15 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 33 Randall

*Cause of Death,* First (Primary), Meningitis (Tuberculous)

Second (Immediate),

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 28th '96 at 3 P.M.

*Undertaker,* B. Hearle.

*Place of Business,* 82 West St

H. H. Weber M. D.
Medical Attendant.

*Address,* 101 Ramsay

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

# Health Department, City of Baltimore.

Permit No. 9364 7 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRY OF VITAL STATISTICS, JUL 28 1886, BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886 (Dunp

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Catharine Durst

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 7 *Months,* 15 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dist. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 281 Fredk Ave St

*Cause of Death,* First (Primary), Tuberculer Consumption

Second (Immediate),

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* July 28

*Undertaker,* Walter Inman

*Place of Business,* 315 W. Bidder *Address,* 29 N. Charles St

Thomas Shearer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93648 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 28 1886

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Hornoff

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 8 *Months,* *Days.*

*Color,* White ✓

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 254 Pleasant st

*Cause of Death,* First (Primary), Laryngismus Stridulus

Second (Immediate),

*Duration of Last Sickness,* (Sudden death)

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* July 28

*Undertaker,* W. H. [redacted]

*Place of Business,* 23[redacted] Eutaw

Thomas B. Evans M. D.
Medical Attendant.

Address, 99 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

**Permit No.** 93649 *Office of Registrar of Vital Statistics.* **Ward** 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 29 1886, BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Sharla

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Single~~ Widower

*Occupation,* Boat Capt

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give Street and Number.} 1411 Gilmor St

*Cause of Death,* First (Primary), Heart Dis of 2 yrs

Second (Immediate), Dropsy

*Duration of Last Sickness,* 5 — months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* July 29th 1886

*Undertaker,* Armstrong & Leary

*Place of Business,* 263 Light St *Address,* [illegible]

Frederick Cate M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 93650 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 27th 1893

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Harvey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 25 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Gold City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 1138 E. Monument St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Haemoptysis

*Duration of Last Sickness,* Four (4) Years

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Mary Cemetery

*Date of Burial,* July 29th

*Undertaker,* Wm J Schaffer

*Place of Business,* 55 Front St

L. M. Bowen M. D.
Medical Attendant.

*Address,* Egerton Md

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

Permit No. 9365 / *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 29 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa A Partridge

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 6 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pa.

*Duration of Residence in the City of Baltimore,* 59 Years

*Place of Death,* {Give Street and Number.} 168 Cathedral St

*Cause of Death,* First (Primary), Softening of the Brain

Second (Immediate), Paralysis

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 30th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Ave. *Address,* 168 Cathedral St

by Thomas Carter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93652 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eden Morris

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 317 Hanover St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhausted

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 28 1886

*M. D.*

Medical Attendant.

*Undertaker,* Geo W Perkins

*Place of Business,* 221 Hamburg *Address,* 173 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93653 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Scott

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* About 110 *Years,* — *Months,* — *Days*

*Color,* ca

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

*Duration of Residence in the City of Baltimore,* 50 or 60 years

*Place of Death,* {Give Street and Number.} 26 Gilbert St

*Cause of Death,* First (Primary), —

Second (Immediate), Senility

*Duration of Last Sickness,* Several Years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 28/86

*Undertaker,* Alex Hennelly

*Place of Business,* 116 Orchard St

James A Steuart M. D.

~~Medical Attendant.~~

*Address,* Conway St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown
Inspector

No. .....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

(14)

Permit No. 93653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 26, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Scott

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, "153" Years, (110) Months, ..... Days.

Color, B

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, .....

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co., Md

Duration of Residence in the City of Baltimore, 50 or 60 years

Place of Death, {Give street and number} 26 Gilbert St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Senility

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Edmondson Ave

Date of Burial, July 28th 1886

Undertaker, Alex. Hensley

Place of Business, 116 Orchard

Thomas E. Sears, M. D.
Medical Attendant.

Address, 89 N. Greene St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other person superintending the burial, ...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of This

# Health Department, City of Baltimore.

Permit No. 93654 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia C Adams

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* 64 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 5 Years

*Place of Death,* {Give Street and Number.} 320 West St

*Cause of Death,* First (Primary), .....

Second (Immediate), Phthisis

*Duration of Last Sickness,* 10 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* Friday 30th

*Undertaker,* D. Martin

*Place of Business,* 11 S Howard

Herbert Burke M. D.
Medical Attendant.

*Address,* 1410 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

# Health Department, City of Baltimore.

Permit No. 9365 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *completely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 28 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* (July 27th) July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Carroll

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* Col

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 453 Division st

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate),

*Duration of Last Sickness,* 8 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* July 28 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St

J. L. Winslow M. D.
Medical Attendant.

*Address,* 20 N Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 93656 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 27/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas B Cork

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ~~tonter on~~ Deck hand on Str. "Dandelion"

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} 114 Williams

*Cause of death,* First, (Primary,) Bilious Dysentery

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Imade 8 visits - was sick at home a month

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester Co Md

*Date of Burial,* July 28th 1886

*Undertaker,* B. Hearle

*Place of Business,* 82 West st

L B Pacetti M. D.,
Medical Attendant.

*Address,* 415 Light

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 4304 Transcribed [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 93657 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPARTMENT JUL 28 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fridget Farner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 8 *Days*

*Color,* Bgl

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City 8 days

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1 Clarkson Sal

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 28th 1896

*Undertaker,* Wells Hardy

*Place of Business,* 195 West St

R. H. P. Ellis M. D.
Medical Attendant.

*Address,* Penna Ave & Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93654 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OF BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Leston

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 16 N. M. Street

*Cause of Death,* First (Primary), Gastro-enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 28 1886

*Undertaker,* James D Byrne

*Place of Business,* h° 63 h Front St *Address,* 171 N Calvert St

..... *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93659 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest E Ahrens

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 239 W Pratt St

*Cause of Death,* First (Primary), .....

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 28th 86

*Undertaker,* Salings & Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 762 Park Ave

H H Gurney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93660 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Crawder

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years~~, Eleven Months, Days

*Color,* Colord

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation,~~*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 262 S Fremont

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street cemetery

*Date of Burial,* July 28 96

*Undertaker,* Hercules Ross

*Place of Business,*

James H Cleary M. D.

~~Medical Attendant.~~

*Address,* Com 26th & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H & Seward S. I.

# Health Department, City of Baltimore.

Permit No. 93661 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Johnson.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 11 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 108 Sarah Ann St.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Capillary Bronchitis

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 29th 1886

*Undertaker,* Wm. H. Chase

*Place of Business,* 8 S. Howard

L. Jn. Hall M. D.
Medical Attendant.

*Address,* 175 N. Howard ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93662 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Garvey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days*

*Color,* wht

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Clerk -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 249 Druid Hill ave

*Cause of Death,* First (Primary), Gastritis

Second (Immediate), cerebral effusion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* July 28th 1886

*Undertaker,* Chas J Scriven

*Place of Business,* 270 N Eutaw St

C Lane Tanyhill M. D.
Medical Attendant.

*Address,* 219 Madison ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 93663 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Young

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* ____ *Months,* ____ *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Cook &c.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Royal Oak Talbot Co Md

*Duration of Residence in the City of Baltimore,* 18 yrs

*Place of Death,* {Give street and number.} No 32 Sarah Ann Alley

*Cause of death,* First, (Primary,) Bright's Kidney

Second, (Immediate,) Dropsy & Coma

*Duration of Last Sickness,* About 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 28 1886

*Undertaker,* William A Dugan

*Place of Business,* 62 East St

Jos S Tull M. D.,
Medical Attendant.

*Address,* 134 Pearce

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 93664 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 27 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Abbatt

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Seven *Months,* ..... *Days,*

*Color,* Colored

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 3 Russell Terrace

*Cause of Death,* First (Primary), .....

Second (Immediate) Marasmus

*Duration of Last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount St Cemetery

*Date of Burial,* July 29 1886

*Undertaker* William H Dunga

*Place of Business,* 62 East St

J E Urquhart M. D.
Medical Attendant.

*Address,* 181 Fulton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93665 *Office of Registrar of Vital Statistics.* Ward 19½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Lankard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* Ten *Months,* one *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No. 343 Vine St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Blood-poisoning

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Shurpe St Cemetery

*Date of Burial,* July 28 1886

*Undertaker,* William H. Duval

*Place of Business,* 62 East St

Chas. Eldridge M. D.

Medical Attendant.

*Address,* Cor. Columbia and Fremont

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

# Health Department, City of Baltimore.

**Permit No.** 93666 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1886 BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie L Leontine

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~17~~ *Years,* *Months,* 17 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 17 days

*Place of Death,* {Give Street and Number.} N J Childs Hospital

*Cause of Death,* First (Primary), Indigestion & Throat

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 29

*Undertaker,* [illegible]

*Place of Business,* [illegible]

J H Branham M. D.
Medical Attendant.

*Address,* 19 Edmondson Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

**Permit No.** 93667 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin A. Bankert

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give Street and Number.} 61 South St.

*Cause of Death,* First (Primary), Rheumatism, Chronic Prostatis

Second (Immediate), General Adynamia

*Duration of Last Sickness,* In bed 2 yrs & 7 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western cem.

*Date of Burial,* July 29 1886

*Undertaker,* 196 Pandergast A Trapperhentzer M. D.
Medical Attendant.

*Place of Business,* 252 Canton Address, 88 E Baltimore St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 93668 *Office of Registrar of Vital Statistics.* Ward 6 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

D

*Date of Death,* July 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. T. Louden

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 51 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Louisa Co Va

*Duration of Residence in the City of Baltimore,* Four years

*Place of Death,* {Give Street and Number.} 516 N. Washington St

*Cause of Death,* First (Primary), Typho Malarial Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three weeks

All the above informationshould be furnished by the Physician.

*Place of Burial,* Richmond Va.

*Date of Burial,* July 28. 1886

*Undertaker,* [illegible]

*Place of Business,* 2340 E. Balt St *Address,* [illegible]

R Leech M. D.
Medical Attendant.

[illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4305 Fremont

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 93669 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK'S DEPARTMENT JUL 28 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday July 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rodgers Schwatka

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 1 *Months,* 19 *Days*

*Color,* White

~~*Married*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pikesville Balto Co

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give Street and Number.} 704 E. Madison St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Pikesville

*Date of Burial,* July 29th 86

*Undertaker,* M. Cadogan

*Place of Business,* 227 Mulberry St. *Address,* Bway & Barnes

J. B. Schwatka M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93670 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE JUL 28 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Singley

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ 7 *Months,* 7 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 265 Eastern Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 29th 86

*Undertaker,* M A Daige

*Place of Business,* 71 E Broadway *Address,* 22 Jackson Square

Thomas B Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the

# Health Department, City of Baltimore.

Permit No. 93671

## Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Flannigan

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Carter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 57 Years

*Place of Death,* {Give Street and Number.} 125 Albemarle

*Cause of Death,* First (Primary), Exposure & Old Age

Second (Immediate),

*Duration of Last Sickness,* I do not Know

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 29th 1886

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Baltimore St *Address,* 121 E Biddle St

H Ridgway Guibert M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93672 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward King Rooney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Age~~ *Years,* 5 *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 5 y Cleveland ave

*Cause of Death,* First (Primary),

Second (Immediate), Measles

*Duration of Last Sickness,* 3 ms

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 29th 1886

*Undertaker,* Henry W. Mears

*Place of Business,* #22 N. Fayette St *Address,* 19 Franklin

C. H. Patterson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93673 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 29 18[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clifton F. Fiveds B

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 266 S Paca St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 29th 86

*Undertaker,* Wm J Ticknor

*Place of Business,* 65 S Eutaw *Address,* 76 S Paca St

I Hanna M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93674 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Edward Stone

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* 15 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 541 N Washington St

*Duration of Residence in the City of Baltimore,* Sixteen —

*Place of Death,* {Give Street and Number.} 541 N Washington St

*Cause of Death,* First (Primary), Inability to nurse (new) Cleft Palate

Second (Immediate), Inanition —

*Duration of Last Sickness,* Four weeks —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 29th

*Undertaker,* Geo Schilling

*Place of Business,* 5th and Lyon

L F Mantuet M. D. Medical Attendant.

*Address,* Bluemont Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93675 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wendel

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* —— *Months,* —— *Days* 7

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 112 Leadenhall St

*Cause of Death,* First (Primary), Difficult Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 30 July 86

*Undertaker,* Julius Kohler

*Place of Business,* Sharp Cross *Address,* 170 S Sharp St

Wm Gould M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23676 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 28 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Norman

*Sex, Male or Female,* {Cross out the word not required in this line.} male B

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* white V

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 226 Harford Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), diarrhoea

*Duration of Last Sickness,* Debility from birth

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 29th 1886

*Undertaker,* Henry Houck

*Place of Business,* No 309 Central Ave *Address,* 228 E. Pontiac st

Wm. B. Billingslea M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9367

## Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1896 BALTIMORE, MD.

*Date of Death,* July 27 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie E. Ensor

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} now Baltimore No

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 87 Johnson St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* July 29 th

*Undertaker,* B. Hartle

*Place of Business,* 82 West St

J. N. Wiley M. D.
Medical Attendant.

*Address,* 195 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93678 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 29 1897 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Montgomery

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Engineer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 5, 2 Cross St

*Cause of Death,* First (Primary), Diabetes

Second (Immediate), Cholera Morbus

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 30 "

*Undertaker,* B. Earle

*Place of Business,* 82 West st

J C Bunch M. D.
Medical Attendant.

*Address,* 25 Hanover st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93679 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Gould

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Lawyer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Life time

*Place of Death,* {Give Street and Number.} 386 Hanover St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 30th "

*Undertaker,* B. Hearle

*Place of Business,* 92 West St *Address,* 46 Hanover

Howard Carter M. D.
Medical Attendant.

HEALTH DEPARTMENT JUL 29 1886 BALTIMORE, MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93680 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Burke

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 368 Ramsay St.

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* None — death instantaneous

All the above Information should be furnished by the Physician.

*Place of Burial,* Govanstown

*Date of Burial,* July 30/86

*Undertaker,* J. B. Cook

*Place of Business,* 1707 E. Balto. 2206 N. Gilmor

John Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93681 *Office of Registrar of Vital Statistics.* Ward 9 (

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William A. [illegible] Bachelor D

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* ..... *Months,* ..... *Days*

*Color,* White ✓

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 535 1/2 St. Paul St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Organic Disease of the heart

*Duration of Last Sickness,* Six months

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* July 31/86

*Undertaker,* J. B. Cook

*Place of Business,* 704 W. Balto St. *Address,* 535 St. Paul St.

John Morris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The [illegible] Certificate.

# Health Department, City of Baltimore.

Permit No. 93682 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Edwd Pearl

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} C

*Age,* 8 *Years,* 11 *Months,* 2 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. ✓

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 74 S. Mount St.

*Cause of Death,* First (Primary), Asphixia

Second (Immediate), Uremic Convulsions

*Duration of Last Sickness,* Two months

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 29/86

*Undertaker,* J. B. Cook

*Place of Business,* 704 W. Balto St *Address,* 206 N. Carrollton Ave

John Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 93683 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Amanda Whittington

*Sex, Male or Female,* { Cross out the word not required in this line. } ~~Male~~ Female

*Age,* ..... *Years,* // *Months,* 3 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } No 7 Carter Alley

*Cause of Death,* First, (Primary,) Cold.

Second, (Immediate,) Enteritis

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 25 1886

*Undertaker,* Wilkins & Ingle

*Place of Business,* 162 East St

H. L. Castleman M. D.,
Medical Attendant.

*Address,* 4 North ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93684 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Hohman

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.} Female

*Age,* 44 *Years,* + *Months,* + *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Yes

*Occupation,* Home/wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Firmany,

*Duration of Residence in the City of Baltimore,* 15 yrs.

*Place of Death,* {Give Street and Number.} 8. N. Washington Pl.

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid (Malarial) Fever

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Hope Redeemer

*Date of Burial,* July 30

*Undertaker,* Chas Dugan

*Place of Business,* 151 E Balto

A. V. Fouwiler M. D.
Medical Attendant.

*Address,* 96 S. Amity

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93685 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Peter Abt D

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* 15 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Gay St opp Druid Hill Park

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 29th

*Undertaker,* Leo Schilling

*Place of Business,* Cor. Gay & Monument *Address,* 361 N Bond

A. L. Gage M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93686 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Louisa Wilson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Home

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} 145 N. Fortunat St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* About a year

All the above information should be furnished by the Physician.

*Place of Burial,* Govanstown Balto. Co.

*Date of Burial,* July 30th 1886

*Undertaker,* L. Louis Schaefer

*Place of Business,* 109 N. Fremont St. *Address,* 4 ) Franklin St

Claud Van Bibber M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93687 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* 10 *Months,* 26 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Salesman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 32 N Stricker

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 28 86

*Undertaker,* Leidy & Michael

*Place of Business,* 560 W Fayette St Address, 534 W Baltimore St

Medical Attendant. Geo K Karnes M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93688 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH. 10

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Le Bon

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 5 years *Years,* 7 *Months,* 2 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 5 years 7 Mo. 2 days

*Place of Death,* {Give Street and Number.} 93 Lanvale St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Cerebral Congestion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bals Cemetery

*Date of Burial,* July 29/86

*Undertaker,* Henry & Mitchell

*Place of Business,* 530 N Fayette

Wm D R Lankford M. D.
Medical Attendant.

*Address* 2152 W Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 9368a

## Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie R. Cottingham

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* 6 *Months,* 2 *Days,* 1

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 136 George St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 29/86

*Undertaker* Denny & Mitchell

*Place of Business* 530 N Fayette

J. A. Christian M. D.
Medical Attendant.

*Address,* 506 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93690 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1895 BALTIMORE, MD.

*Date of Death,* July 24 95

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Talbot

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 7 *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Annandale Co

*Duration of Residence in the City of Baltimore,* 2yr - 4 month.

*Place of Death,* {Give Street and Number.} 32 McElderry St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Engorgement of lungs

*Duration of Last Sickness.* 9 days,

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis Md by B & O. R. R.

*Date of Burial,* July 25/95

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balt. Address, 317 Eutaw St.

C. W. Reese M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93691 *Office of Registrar of Vital Statistics.* Ward 7?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz^th J. Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* ~~ *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~

*Occupation,* ~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 11 weeks

*Place of Death,* {Give Street and Number.} 245 E. Biddle St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 11 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 30th to J

*Undertaker,* Evans & Spurrier

*Place of Business,* 60 E Balto St *Address,* & 305 N Caroline St

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93692 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kaspar

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 1 *Months.* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 412 Lancaster St.

*Cause of Death,* First (Primary), ...

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Most Holy Redeemer.

*Date of Burial,* July 29 86

*Undertaker,* Frank Leach. John H. Ekberger M. D.

Medical Attendant.

*Place of Business,* 249 N Durham Address, ~~#~~ 243 Alice Anna St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93693 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ward

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 9 *Months,* ~~Days.~~

*Color,* White

~~Married,~~ ~~Single,~~ *Widow or* ~~Widower.~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life.

*Place of Death,* {Give Street and Number.} 23 W. Biddle St.

*Cause of Death,* First (Primary), Chronic Softening of the Brain.

Second (Immediate), asthenia

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* 30th July

*Undertaker,* H. W. Jenkins & Sons

*Place of Business,* Park & Saratoga Sts. *Address,* 10 E. Townsend St.

Geo. J. Preston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
JUL 29 1886
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 28 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} E. Randolph Nicholas

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number.} 121 Park Ave

*Cause of Death,* First (Primary,) cerebral haemorrhage (apoplexy)

Second (Immediate,)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* 30th July

*Undertaker,* W. W. Jenkins & Son

*Place of Business,* Park & Saratoga Sts

L. McLane Tiffany M. D.
Medical Attendant.

*Address* 137 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

FORM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93695 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUL 29 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norman Nicklas

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~0~~ *Years,* 1 *Months,* 10 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 771 W Balto St.

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate),

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 30/86

*Undertaker,* J. H. Kalb

*Place of Business,* 707 W. Balto St. *Address,*

Louis Chas Horn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93696 *Office of Registrar of Vital Statistics.* Ward 18 ?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. M. Corbin

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 2 *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md. ? Balto. Co.

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give Street and Number.} 12 th house from corner of McHenry on Wrenly ave (No number in the house)

*Cause of Death,* First (Primary), Pneumonia.

Second (Immediate), ...

*Duration of Last Sickness,* Eight days!

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 30/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto Address, 17 N. Collins st

Truman Hill M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93697 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* July 28 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Mager

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 13 *Months,* ..... *Days*

*Color,* wht

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 46 nw machin st

*Cause of Death,* First (Primary), .....

Second (Immediate), meningitis

*Duration of Last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 20/86

G Lane Dauphin M. D.

Medical Attendant.

*Undertaker,* Chas. L. Brown

*Place of Business,* 271 N Eutaw *Address,* 219 Madison ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93698 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CHARITY HOSPITAL
JUL 29 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Sed Tiny

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 137 W. Preston St

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), Entero Colitis

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 31 /86

*Undertaker,* Chas. T. Scruin

*Place of Business,* 27 N. Eutaw

E. C. Price & Son M. D.'s
Medical Attendant.

*Address,* 262 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93699 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet J. Schneider

*~~Sex, Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* —— *Months,* —— *Days.* 1

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bridgeport, Connecticut U.S.

*Duration of Residence in the City of Baltimore,* Five Years

*Place of Death,* {Give Street and Number.} U. Hospital

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* M. D. Cemetery

*Date of Burial,* July 29, 86

*Undertaker,* Fred. Ahrens

*Place of Business,* Health Office

J. P. Nott M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93700 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Bowen

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 13 Boothe Street

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 29, 86

*Undertaker,* Fred C Kretchmer

*Place of Business,* Health Office

B. S. Silcomb M. D.
Medical Attendant.

*Address,* 616 W Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore, 11c

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

73

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Tyler

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 60 ? *Years,* *Months,* *Days.*

*Color,* Negro -

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Servant.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number} 125 Park St.

*Cause of Death,* First, (Primary,) Calarrhal Phthisis.

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 3 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 30th 86 Alfred Nanstiel M. D.

Medical Attendant.

*Undertaker,* Alex Bewsley

*Place of Business,* 116 Orchard St *Address,* 228 N Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93702 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kelly Corkadian

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 62. *Years,* — *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* 5 Weeks

*Place of Death,* {Give Street and Number.} 258 Light st

*Cause of Death,* First (Primary),

Second (Immediate), Dysentary

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Falls Point Cemetery

*Date of Burial,* July 30th

*Undertaker,* Evans & Spence

*Place of Business,* Exeter & Baltimore sts Address, 446 Hanover st

Thos Corkadian & Co M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93703 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Nichols

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months.* *Days*

*Color,* Colored

*Married,* ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

*Occupation,* Washwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 9 yrs.

*Place of Death,* {Give Street and Number.} 44 Robert St.

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 3 yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Christ St Cemetery

*Date of Burial,* July 30 1886

*Undertaker,* Hercules Ross

*Place of Business,* 75 Courtland St

J. H. Hoffman M. D.
Medical Attendant.

*Address,* 279 W. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93704 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* 3 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 3388 Hanover St.

*Cause of Death,* First (Primary),

Second (Immediate), Dysentary

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* July 30

*Undertaker,* B. Hardy

*Place of Business,* 82 West Pratt *Address,* 146 Hanover

Thorsten Boles M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 93705

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93705 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Scott

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Brooklyn N. Y.

*Duration of Residence in the City of Baltimore,* 4 yrs 9 mo

*Place of Death,* {Give Street and Number.} 178 N Front St

*Cause of Death,* First (Primary), dying when seen

Second (Immediate), Convulsions

*Duration of Last Sickness,* few hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* July 29th

*Undertaker,* H C Wiedefeld

*Place of Business,* 100 Gunn't Ave

Geo. B. Reynolds M. D.
Medical Attendant.

*Address,* 171 N Caroline St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to those on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93706 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 29 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Elliott

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days*

*Color,* ed

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New Jersey

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} Clark Court

*Cause of Death,* First (Primary),

Second (Immediate), Hemoptysis

*Duration of Last Sickness,* Suddenly died before I saw her.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 29 1886

*Undertaker,* William C. Sing

*Place of Business,* 62 East St

E. L. Baldwin M. D.
Medical Attendant.

*Address,* 124 n. Eutaw st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 25707 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. 73

*Date of Death,* Aug 29/86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Daniel Bridger

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 5 *Years,* — *Months,* — *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 376 Augusta

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate) Syncope

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Alphonsus Cemetery

*Date of Burial,* July 30

*Undertaker* Henry Hoeck

*Place of Business,* 307 Central Av *Address,* 93 Valley St

F. M. Wume M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within -eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions on the Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93708 *Office of Registrar of Vital Statistics.* Ward 5th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

73

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ellen E. Burton

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 46 *Years,* *Months,* *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 326 E. Monument St.

*Cause of Death,* First (Primary), Cirrhosis of Liver

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 31st

*Undertaker,* Geo. Schilling

*Place of Business,* Aisquith & Lanvale Sts. *Address,*

H. G. Reynolds M. D.
Medical Attendant.

186 Aisquith St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93709 *Office of Registrar of Vital Statistics.* Ward 6d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death*, July 29th 1886

*Full Name of Deceased*, {Write legibly and spell correctly. If an Infant not named, give names of parents.}: William J. Smith

*Sex, Male or Female*, {Cross out the word not required in this line.}

*Age*, 41 *Years*, 2 *Months*, ——— *Days*.

*Color*, White

*Married*, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation*, Tinner ✓

*Birth Place*, {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore*, During life

*Place of Death*, {Give Street and Number.} 139, N. Wolfe

*Cause of Death*, First (Primary), Intest Nausea

Second (Immediate), Extreme exhaustion

*Duration of Last Sickness*, about a week

All the above information should be furnished by the Physician.

*Place of Burial*, Baltimore Cemetery

*Date of Burial*, Aug 1st

*Undertaker*, Geo Schilling

*Place of Business*, 4th and Canal Square

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 93710 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Poynes

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* —— *Days*

*Color,* Bk

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 26 N High St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,*

*Undertaker,*

*Place of Business,*

E. E. Burton M. D.
Medical Attendant.

*Address,* 51 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93711 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Snyder

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} /

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 420 S Wacash

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 30 1886

*Undertaker,* Patrick Megowan

*Place of Business,* 227 Hanover St

Theodore Cook M. D.
Medical Attendant.

*Address,* 416 Wacash

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93712 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Sapp

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 28 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 37 Ramsay st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* July 30th

*Undertaker,* B. Hurle

*Place of Business,* 82 West st

O. A. Cook M. D.
Medical Attendant.

*Address,* 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 93713

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93713 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Hall

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 27 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* From Life time

*Place of Death,* {Give Street and Number.} 52 Washington Ave.

*Cause of Death,* First (Primary), ———

Second (Immediate), Puerperal Fever

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 30th

*Undertaker,* B. Hartle

*Place of Business,* 82 West St *Address,* 46 Hanover St

by Thomas Corbett M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...

# Health Department, City of Baltimore.

Permit No. 93714 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled o...* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ... requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schadel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 131 Bennington St

*Cause of Death,* First (Primary),

Second (Immediate), Suspected Asthenia of Heart

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ballo Cemetery

*Date of Burial,* July 30 1886

*Undertaker,* Armstrong & Brune

*Place of Business,* 263 Light St *Address,* 46 Hanover St

Thos. Bond Cotton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

11

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93715 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cuthony Sr.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 67 *Years,* 4 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 348 E. Madison St.

*Cause of Death,* First (Primary), Cerebral softening

Second (Immediate), Paralysis

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 31st 1886

*Undertaker,* Geo. Shilling

*Place of Business,* Augusta & Monument *Address,* 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9376 — *Office of Registrar of Vital Statistics.* — Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1886

*Full Name of Deceased* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Gibbons Callahan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 1 Months, 8 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 119 S. Broadway

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* 30 July 1886

*Undertaker,* M. Celeskey & Son

*Place of Business,* 92 S. Gay

James E. Shane M. D.
Medical Attendant.

*Address,* 417 E. Eager St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 23717 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 28. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Loane

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* *Months,* *Days*

*Color,* white

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 125 Laurens

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Effusion of Brain

*Duration of Last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 30th/86

*Undertaker,* J E McGaughey & Co.

*Place of Business,*

G Law Gaughey M. D.
Medical Attendant.

*Address,* 719 Madison ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93718 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Queen

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 21 *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Smoking

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 21 Days

*Place of Death,* {Give Street and Number.} 38 King St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Cemetery

*Date of Burial,* July 30 1886

*Undertaker,* Hercules Bass

*Place of Business,* 95 Carroll St *Address,*

J. P. Nott M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 93719 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH JUL 30 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine C. Butler

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 67 *Years,* — *Months,* — *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore ✓

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 144 Mulberry St.

*Cause of Death,* { First, (Primary,) Cancer of Breast & Stomach / Second, (Immediate,) Debility

*Duration of Last Sickness,* 18 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 31st July 1886

*Undertaker,* H. H. Jenkins & Sons

*Place of Business,* Park & Saratoga Sts

I. H. Butler M. D.,
Medical Attendant.

*Address,* 144 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 93720 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Powell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Maryland

*Duration of Residence in the City of Baltimore,* 58 yrs

*Place of Death,* {Give Street and Number.} 151 Edmondson ave.

*Cause of Death,* First (Primary), Bright's Disease and Valvular Dis- - ease of the Heart

Second (Immediate), Coma and asthenia

*Duration of Last Sickness,* Several yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount.

*Date of Burial,* July 30 1886.

*Undertaker,* Wm. H. Hickman.

*Place of Business,* 234 E. Gay St. *Address,* 141 W. Lanvale

J. E. Chew *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93721 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Leach

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* 8 *Months.* ~~~ *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 734 Lexington St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem

*Date of Burial,* July 30 / 86

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

C. E. Williams M. D.
Medical Attendant.

Address, 201 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 93722 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH. H

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Neeker

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Two Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Typhoid

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Ten Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 30th 86

*Undertaker,* Ph. J. Williston

*Place of Business,* 183 Columbia St. *Address,* University Hospital

J. P. Hott M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 93723 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR OF BIRTHS JUL 30 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie May McKinley

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* 9 *Months,* 0 *Days.*

*Color,* Light copper

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* 19 months

*Place of Death,* {Give Street and Number.} No 206 Raborg st

*Cause of Death,* First (Primary), Teething

Second (Immediate), Convulsions

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe st Cemetery

*Date of Burial,* July 31 1886

*Undertaker,* William H Bonner

*Place of Business,* 62 East Pratt

Benj F Bohrer M. D.
Medical Attendant.

*Address,* Cor Mulberry & Green st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93724 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Lower Marlboro Calvert Co Md

*Duration of Residence in the City of Baltimore,* Six years

*Place of Death,* {Give Street and Number.} Parrish alley # 2

*Cause of Death,* First (Primary),

Second (Immediate), Rheumatism of the heart

*Duration of Last Sickness,* Death Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Thompson Cemetery

*Date of Burial,* July 30 1886

*Undertaker,* William Bunge

*Place of Business,* 62 East St *Address,*

L. G. Spamer M. D.

Medical Attendant.

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93725 *Office of Registrar of Vital Statistics.* Ward 3 C/ 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Curtis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 9 *Years,* ——— *Months,* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

*Duration of Residence in the City of Baltimore,* 8 yrs 8 & 6 mo.

*Place of Death,* {Give Street and Number.} 69 N. Amity St.

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), " Dont Know Cause of Convulsions

*Duration of Last Sickness,* 8 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 30th 1886

*Undertaker,* Jas H Ellis

*Place of Business,* 198 E Howard St

E. P. Lewis *M. D.*
Medical Attendant.

*Address,* 375 E Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 93726 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 30—1886.—

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Savage

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 45— *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Driver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 yrs.—

*Place of Death,* {Give Street and Number.} Patrol wagon on his way Lone Forrest & Douglas Sts—

*Cause of Death,* First (Primary), Intemperance

Second (Immediate), Cerebral Congestion

*Duration of Last Sickness,* About one hour.—

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 31st

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Sq—

Alex. Hill, M. D.
Medical Attendant.

*Address,* Coroner.—

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this [illegible]

# Health Department, City of Baltimore.

Permit No. 9372 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 30 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

14

*Date of Death,* July 28/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard & E Fulda

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 84 *Years,* × *Months,* × *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Cabinet Maker in youth, now of leisure for many years

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Forty years

*Place of Death,* {Give Street and Number.} Hebrew Hospital

*Cause of Death,* First (Primary), Paralysis, hemiplegia

Second (Immediate), Congestion of lungs

*Duration of Last Sickness,* Eighteen months

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* July 30

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 High *Address,* 88 N Eutaw Street

A Friedenwald M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 93728 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 30 1896
BALTIMORE

74

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Dec~~ July 29/96 4 P M

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Woofries

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England (In America Five Days)

*Duration of Residence in the City of Baltimore,* Five Days

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Incised wound of abdomen, with prolapse of intestine

Second (Immediate), Peritonitis

*Duration of Last Sickness,* Two days & one half.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Calvary Cathedral

*Date of Burial,*

UNDERTAKERS
Park & Sanitary Ass'n

*Undertaker,* Hall Jenkins & Sons

*Place of Business,* Park & Sanitary Ass'n *Address,* City Hospital

H Friedrunes M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 93729 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Novak

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 72 n Castle st.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Congestion Lungs

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemia Cem.

*Date of Burial,* July 31 1886.

J. H. Hollenberg M. D.
Medical Attendant.

*Undertaker,* John Keenig

*Place of Business,* 389 Orleans *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 9330. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 7. 29. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Hackett

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* ——— *Months,* ——— *Days.*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 216 Hamburg St

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Loud St Cem

*Date of Burial,* July 30th 1886

*Undertaker,* Chas H Chase

*Place of Business,* 19 N. Stuart St *Address.* 349 Lee

A. A. Eastman M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 93731 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 30 1886
BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amy Gill Hall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 1 *Months,* 14 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Pikesville

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and Number.} 440 N Gay

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* About one week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 1st 1886

*Undertaker,* Adam Fink & Son

*Place of Business,* 461 N Gay St *Address,* 285 E Baltimore

12.7 Inst. M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ca...

# Health Department, City of Baltimore.

Permit No. 93732 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Louis Reuter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 8 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 3 Sarah Ann St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 3 Sarah Ann St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas

*Date of Burial,* July 31 1886

*Undertaker,* A Rosenberger

*Place of Business,* 70 Eutaw

Dr Hebmad M. D.
Medical Attendant.

*Address,* 120 Pearl St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 93733 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 30. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P. McGuire

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 14 Barronal-

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 31st

*Undertaker,* Jos. B. Cook

*Place of Business,* 707 W Balto St *Address,* 282 W. Lombard

A. L. Wolfe M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 9373 — *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

73

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Mulkern

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 11 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 282 Bank St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* July 31 '86

*Undertaker,* M. Lafferty

*Place of Business,* 92 Dam *Address,* 694 Bank

M. Gatch, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93735 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT, BALTIMORE MD.

## CERTIFICATE OF DEATH. 73

*Date of Death,* 30 July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary a. Cook

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 23 Lemmon st Near Caton Ave

*Cause of Death,* First (Primary), Measles.

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 31st 1886

*Undertaker,* W. Cadogan

*Place of Business,* 227 Hulburd Ave. *Address,* 17 N. Calhoun st

Simon F. Hill M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 93736 *Office of Registrar of Vital Statistics.* Ward 17 Cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

PEABODY INSTITUTE LIBRARY BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Bradley,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* School boy,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 161 Fort Ave

*Cause of Death,* First (Primary), Gastro Enteritis, with Convulsions

Second (Immediate), Coma

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 1st

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St

John D Pennington M. D.
Medical Attendant.

*Address,* 164 N Carrollton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 23737 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Strum

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B'dy

*Duration of Residence in the City of Baltimore,* 7 days

*Place of Death,* {Give Street and Number.} 594 Light St.

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* July 31

*Undertaker,* B. Hardy

*Place of Business,* 112 West Pratt *Address,* Fremont & Pratt

R. W. Pollitt *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Ward 17

Permit No. 93738 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30" 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbert Summers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Years, 3 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Baltimore

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} During Life

*Duration of Residence in the City of Baltimore,* 26 Fort ave

*Place of Death,* {Give Street and Number.}

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 10 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 31

*Undertaker,* R. Hoen

*Place of Business,* 82 Mulberry

D. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93739 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel McElroy

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Miller

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 36 yrs

*Place of Death,* {Give Street and Number.} 164 Chestnut av

*Cause of Death,* First (Primary), Diabetis Mellitus

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 2 yrs Chronic

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Augt 2d 1886

*Undertaker,* Henry H. Means

*Place of Business,* #22 W. Fayette St *Address,* 1439 Eutaw

D Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93740 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura White

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 5 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Child

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 93 S. Gilmore

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 31st 1886

*Undertaker,* Henry H. Mears

*Place of Business,* #22 W. Fayette Street *Address,* D. Stull, M. D. Medical Attendant.

1489 E. Eager

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93741 *Office of Registrar of Vital Statistics,* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

94

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellis Barnes

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} St. Joseph's Hospital

*Cause of Death,* First (Primary), Enteric Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemet

*Date of Burial,* July 31st 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office *Address,*

F. W. Mead M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93742 *Office of Registrar of Vital Statistics.* Ward 17th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Bachman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life-time.

*Place of Death,* {Give Street and Number.} # 38 Essex

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* August 1st 1886

*Undertaker,* Lenhard & Kemp John H. Rehberger M. D.

Medical Attendant.

*Place of Business,* N. 27 S. Bond St. *Address,* # 243 Alice Anna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93743 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Phillips

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* — *Years,* 9 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Widow~~ ~~Widower~~ V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 320 Boston

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetary

*Date of Burial,* July 31 1886.

*Undertaker,* Leonhard Kurtz

*Place of Business,* No 277 S Bond St. *Address,* 53 Eden St

E. Williams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 37744 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

75

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabelle M. Gambrel

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 314 E. Preston st

*Cause of Death,* First (Primary), marasmus

Second (Immediate), .....

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 31st 1886

*Undertaker,* Geo Schilling

*Place of Business,* .....

W. B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Preston st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93745 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 30. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Lannan

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days*

*Color,* Black

~~*Married*~~, *Single,* *Widow or Widower*, {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 24 yrs

*Place of Death,* {Give Street and Number.} 17 Mechanics Court

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Sun. 31st 1886

*Undertaker,* Wm. J. Lynch

*Place of Business,* 65

Master Warfield M. D.
Medical Attendant.

*Address,* Balto Gen. Disp.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93746 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Friday July 30th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Reed

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 68 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Lancaster Co. Pa

*Duration of Residence in the City of Baltimore,* 50 Years.

*Place of Death,* {Give Street and Number.} 203 Forest St.

*Cause of Death,* First (Primary), Cancer of Stomach and Liver.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* (6) Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* Aug 1, 1886

*Undertaker,* H. H. Hickman

*Place of Business,* 2340 E. Fay

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Chas St & Forest Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 28747 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Myers

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 80 *Years,* — *Months,* — *Days*

*Color,* "Colored"

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow.

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 74 years.

*Place of Death,* {Give Street and Number.} 2 Vine St.

*Cause of Death,* First (Primary), —

Second (Immediate), Chronic Bronchitis

*Duration of Last Sickness,* One year.

All the above information should be furnished by the Physician.

*Place of Burial,* Harford Cemetery

*Date of Burial,* August 2 1886

*Undertaker,* Alex Kennedy

*Place of Business,* 116 Orchard [illegible] *Address,* 112 N. Greene St.

Louis H. Knight M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93748 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial; within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Taylor

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* Blk

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 0 ms

*Place of Death,* {Give Street and Number.} 50 Race th

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Lomb

*Date of Burial,* July 2nd 1886

*Undertaker,* [illegible]

*Place of Business,* 220 Hanover

R. H. Ellis M. D.
Medical Attendant.

*Address,* Mew & Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause immediate of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93749 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 30, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* — *Days* 1

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 131 N. Caroline St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Paralysis

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Lawn Cemetery

*Date of Burial,* 31 July

*Undertaker,* Chas T Butler

*Place of Business,* 132 N Caroline

W. H. Norris M. D.
Medical Attendant.

*Address,* 154 E Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93750 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 30. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary E. Bortman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Fifty Nine *Years,* Seven *Months,* *Days.* ✓

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No. 89 North Bond Street

*Cause of Death,* First (Primary), Pleurisy

Second (Immediate), Consumption

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Augt 2 1886

*Undertaker,* John W Jackson

*Place of Business,* Cor Gay & Gordon *Address,* No. 102 N. Broadway

Wm. H. Cheadinen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93,751 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mofletta Bouyer

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months.* *Days*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Washwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Montgomery Co, Md.

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 9 Hopkins lane

*Cause of Death,* First (Primary), Consumption of lungs.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 yr. and 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 21st 1886

*Undertaker,* Wm. H. Chase

*Place of Business,* 198 S. Howard St.

Jas. Homer Hoffman M. D.
Medical Attendant.

*Address,* 279 W. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93752 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 29th July 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J. Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 47 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Seaman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} N. Carolina

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give Street and Number.} 78 Bennett Str.

*Cause of Death,* First (Primary), Chronic bronchitis & Malarial fever

Second (Immediate), Congestion from Exposure

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 31st 1886

*Undertaker,* Jas. L. Mc Shane

*Place of Business,* 1750 Hanover St. *Address,* 146 Hill St.

L. D. Dyer M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93753

*Office of Registrar of Vital Statistics.*

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 — 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine V. Chatterton

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Dress-maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 12 yrs.

*Place of Death,* {Give Street and Number.} Fayette (E.) St. Extended

*Cause of Death,* First (Primary), Chronic Cystitis

Second (Immediate), —

*Duration of Last Sickness,* About two years.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* July 31 1886

*Undertaker,* Geo. Rinehart

*Alexander Hill, M. D.*
Medical Attendant.

*Place of Business,* Health Office *Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93754 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 31. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schmidt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 268 N Central Ave.

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Eclampsia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Ct

*Date of Burial,* August 2. 1st 1886

*Undertaker,* Henry Hook

*Place of Business,* 2307 N Central Ave *Address,* 305 N Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 93755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Col
13

## CERTIFICATE OF DEATH.

*Date of Death,* July 30. 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Page -

*Sex,* ~~Male or Female,~~ { cross out the word not required in this line. } Male -

*Age,* ____ *Years,* 27 - (6) *Months,* ____ *Days.*

*Color,* Colored -

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ____

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City -

*Duration of Residence in the City of Baltimore,* Six Months -

*Place of Death,* { Give street and number } John Alley -

*Cause of Death,* First, (Primary,) Inflammation -

Second, (Immediate,) Asthenia -

*Duration of last Sickness,* Not exactly known -

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 31/86

*Undertaker,* Chas. F. Scurr

*Place of Business,* 271 S. Eutaw

James I. Brown - M. D.
Medical Attendant.

*Address,* # 63 John St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

# Board of Health, City of Baltimore,

13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

REGISTRAR'S DEPARTMENT BALTIMORE, MD.

C

# CERTIFICATE OF DEATH.

*Date of Death,* July 30th 11 a m

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Perkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* 24 years

*Place of Death,* {Give street and number.} No 4 Graces Court

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery J Edward Kirby M. D.

*Date of Burial,* August 1 1886 Medical Attendant.

*Undertaker,* Hercules Hoss

*Place of Business,* 95 Conway St *Address* 82 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93757 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Banks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 72 Welcome Alley

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Charles Street

*Date of Burial,* August 1 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St

Chas. L. Rood M. D.
Medical Attendant.

*Address,* 177 Stanford

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Returns below, and to Rule [illegible] on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93758 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Love a Brown

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* ~~*Months.*~~ ~~*Days.*~~

*Color,* Colord

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Twenty years

*Place of Death,* {Give Street and Number.} no 4 Patapsco Ave

*Cause of Death,* First (Primary),

Second (Immediate), Old age

*Duration of Last Sickness,* four months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharps Island Cemetary

*Date of Burial,* August 1st 1886

*Undertaker,* H Roys

*Place of Business,* *Address,* Canton

James A Steuart M. D.

Visiting Physician

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H C Steuart M. D

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98759 *Office of Registrar of Vital Statistics.* Ward 67

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenovah Ashton

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* Black

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} No 143 N Carrollton Ave

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Paralysis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Aug 1st 1886

*Undertaker,* Wm. R Dunger

*Place of Business,* 62 East, st

Wm. L. Russell M. D.
Medical Attendant.

*Address,* 738 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93760 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Laura Crooks

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 34 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* about 20 years

*Place of Death,* {Give Street and Number.} 233 N. Calhoun St.

*Cause of Death,* First (Primary) Suppurated Billiary Calculus Complicated with a Premature Birth.

Second (Immediate), Acute Hepatitis with probable ulceration or perforation of Gall Bladder or Duct, & resulting acute Peritonitis.

*Duration of Last Sickness,* 16 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug 1st 1886

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N. Fremont St. *Address,* 373 W. Fayette St.

T. Chew Worthington M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93761 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hotel E Stonebraker

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* four — *Months,* ..... *Days*

*Color,* colic

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 76 Hanover Ave. —

*Cause of Death,* First (Primary), [illegible] Stomach

Second (Immediate), Meningitis

*Duration of Last Sickness,* Several days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug. 2nd 1886

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N. Fremont St. *Address,* .....

..... M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93762 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Ritchie

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, County

*Duration of Residence in the City of Baltimore,* 8 mos,

*Place of Death,* {Give Street and Number.} ~~Monument~~ 41 Covington

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis -

*Duration of Last Sickness,* 10 days,

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemetery

*Date of Burial,* July 31/1886

*Undertaker,* Armstrong Bro. R. J. N. Tall, M. D.

*Place of Business,* 863 Light Address, R. J. N. Tall, M.D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

# Health Department, City of Baltimore.

Permit No. 93763 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

A

*Date of Death,* July 31 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Polk

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} Aged Women's Home

*Cause of Death,* First (Primary), Old Age

Second (Immediate), Debility & Bronchitis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Aug 1st 1886

*Undertaker,* Harry Entwisle Son

*Place of Business,* Park & Saratoga *Address,* 257 Madison Ave

N. M. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 93764 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Meizner (Meisner)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 8 *Months,* ~~*Days*~~

*Color,* White.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany. ✓

*Duration of Residence in the City of Baltimore,* 3 yrs.

*Place of Death,* {Give Street and Number.} 20 Thames St.

*Cause of Death,* First (Primary), Cholera.

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 1st 86

*Undertaker,* C. O'France

*Place of Business,* Bank & Wolfe Sts. *Address,* 404 Dr. Hillary.

D. J. Flannery M. D.
Coroner
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 93765

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93765 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 29 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. B Bond

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Cigar - Manufacturer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 719 W. Baltimore

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Effusion of Brain

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug 1 86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balt. St

G. Winans M. D.
Medical Attendant.

*Address,* 193 Printz n

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93766 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Mason

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} —

*Occupation,* V

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 133 Dover St

*Cause of Death,* First (Primary), Obstruction of Bowels

Second (Immediate), Rupture of intestine & Collapse 3 Days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* aug 2nd 1886

*Undertaker,* Jas B Leach

*Place of Business,* No 707 W Baltimore

D W Esd M. D.
Medical Attendant.

*Address,* 359 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93767 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Harkin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, Five *Months,* Twenty six *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} # 521 Saratoga St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 31

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

G. Kuethmann M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93768 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Jones

*Sex,* ~~Male or Female~~, {Cross out the word not required in this line.} Female

*Age,* ~~Years~~, 7 *Months,* ~~Days.~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 78 S. Carolina st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 2nd

*Undertaker,* W. Duffel

*Place of Business,* 19 S. Bond *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 23769 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret G Thalheimer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 9 *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 10 St. Joseph St.

*Cause of Death,* First (Primary), Peritonitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 2nd 86

*Undertaker,* Henry Woeckner & Son

*Place of Business,* N. Central ave

James A Steuart M. D.
Medical Attendant.

*Address,* Comp 26. & 92

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Ed by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

L. V. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98770 *Office of Registrar of Vital Statistics.* Ward 2 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Cath. Kunnecke

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 7 *Months,* 16 *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 301 Alice Ann St

*Cause of Death,* First (Primary), Cholera inf

Second (Immediate), Asthenia

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* Aug 1st 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Av *Address,* 258 Madison Ave

A Patterson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93771 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Ruth

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 2 Months, 15 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 45 S Fountain st.

*Cause of Death,* First (Primary),

Second (Immediate) Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 1st 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Ave

W. E. Judd M. D.
Medical Attendant.

*Address,* 324 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93772 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 1 1886

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bangert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* One *Months.* *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U.S.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 2705 East ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), As Phenia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 1st 1886

*Undertaker,* Wm. Sander & Son

*Place of Business,* 252 Canton Ave

Leo L Martin M. D.
Medical Attendant.

*Address,* 27 E. Biddle st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93773 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

AUG 1 1886 BALTIMORE

*Date of Death,* July 31 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give name of parents.} Mary Elizabeth Hartman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* [illegible] *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 400 Lancaster St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Intestinal Inflammation

*Duration of Last Sickness,* 3 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug 1st 86

*Undertaker,* G. L. Frantz

*Place of Business,* Frantz & Wolfe *Address,* 95 Eutaw St

E. J. Williams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93774 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT AUG 1 1896 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* july 31 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rath.

*~~Sex,~~ Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cigarmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 3 years.

*Place of Death,* {Give Street and Number.} 254 Lexington st

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemb

*Date of Burial,* Aug 1st 1886

*Undertaker,* A Rosenberger

*Place of Business,* 70 Mulberry st *Address,* Myatt bet Mulberry

Louis C Haun M. D.
Medical Attendant. 1 W. C.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 93775 *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Doncy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 45 *Years,* 0 *Months,* 0 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 45½ S. Stricker St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Collapse

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* August 1 1886

*Undertaker,* John Hennig

*Place of Business,* 382 Columbia Ave *Address,* 033 Eutaw St

E. Brockbank M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1 2 7 6

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93776 *Office of Registrar of Vital Statistics.* **Ward** 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 11 1886 BALTIMORE

## CERTIFICATE OF DEATH.

74

*Date of Death,* July 31st '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Grubert

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany, 17 yrs

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Chronic Nephritis (Parenchymatous)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemetery

*Date of Burial,* August 2 d "

*Undertaker,* B. Hearle

*Place of Business,* 82 West St

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93777 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Vogel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9. *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 495 Light St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem.

*Date of Burial,* Aug 2nd

*Undertaker,* B. Hearle

*Place of Business,* 82 West St *Address,* 46 Hanover

Ground Cole M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93778 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Owings

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 226 N. Bond St

*Cause of Death,* First (Primary),

Second (Immediate), Scarlet Fever

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Pk. Cemetery

*Date of Burial,* August 2nd

*Undertaker,* Leonhardt Hahn

*Place of Business,* 182 West Pratt St. *Address,* 46 Hanover St

Edward Otis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 93778 *Office of Registrar of Vital Statistics.* Ward 15-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1886

*Date of Death,* July 31/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~no name, died 10 minutes after birth~~ Fred K. L. + Cath. M. Kunkel, Parents

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 10 minutes *Years,* *Months,* *Days.*

*Color,* white

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} ~~45 Hill St~~ Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 45 Hill St

*Cause of death,* First, (~~Primary,~~) Stran a premature labor. Jaundice

Second, (Immediate,) after the child was born - it had also

~~*Duration of Last Sickness,*~~ diet. I judge Asphyxia was the cause of death.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Aug 1st

*Undertaker,* B. Harle

*Place of Business,* 82 West st

L. B. Parette M. D.,
Medical Attendant.

*Address,* 122 Druid Hill Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93780 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1 1886 HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 6. *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Ever since life

*Place of Death,* {Give Street and Number.} 110 North St

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Hill Cem

*Date of Burial,* Aug 2nd 1886

*Undertaker,* Julius Koehler

*Place of Business,* Pine & Cross Sts

Edmund Cotton M. D.
Medical Attendant.

*Address,* 410 N Gay St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93784 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 1 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~July~~ August 1st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Otto~~ Thomas Butts

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days*

*Color,* Boy

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City

*Duration of Residence in the City of Baltimore,* 2 days

*Place of Death,* {Give Street and Number.} 60 Race St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Spark St Cemetery

*Date of Burial,* August 1 1886.

*Undertaker,* Hercules RC SS

*Place of Business,* 95 Centre St *Address,*

R W H Ellis *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the accompanying Notice, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93782 *Office of Registrar of Vital Statistics* Ward 132

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William James Sumeral

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ Four *Months,* *Days.*

*Color,* Colord

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 161 Vine Stret

*Cause of Death,* First (Primary), Mal Nutrition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* five Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* August 2nd 86

*Undertaker,* H Rufs

*Place of Business,* 95 Conway *Address,*

*M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. G. Seward S. I.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93783 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Riley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Engineer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} 74 Mulberry

*Cause of Death,* First (Primary), Heart disease, Mitral regurgitation

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 2nd 1886

*Undertaker,* M. Cadogan

*Place of Business,* 427 Mulberry

Geo. B. Reynolds M. D.
Medical Attendant.

*Address,* 171 N Calvert St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93784 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the correct filling out of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lowe

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* ——— *Months,* 30 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bucks Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 229 Edmondson Av

*Cause of Death,* First (Primary), Insanity

Second (Immediate), ———

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 2 1886

*Undertaker,* Wm S Fry

*Place of Business,* 812 Broadway

L. C. Simmons M. D.
Medical Attendant.

*Address,* 412 E Camden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93785 *Office of Registrar of Vital Statistics.* Ward 5th

HEALTH DEPARTMENT AUG 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Kornmann

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White.

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give Street and Number.} # 150 Aisquith Street.

*Cause of Death,* First (Primary), Chronic Rheumatism.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 30 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 2/86

*Undertaker,* Wm F. Fry

*Place of Business,* 814 Broadway

Daniel R. Powell M. D.
Medical Attendant.

*Address,* #29 Aisquith Street

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 23786 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT AUG 2 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~June 30~~ July 30-86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J Klunz

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* 4 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 57 Stockton St

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* 3 - day's

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* August 2

*Undertaker,* Walter Emmert

*Place of Business,* 315 W. Biddle Address,

H H Hauck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93787 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 2. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mumbaa

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 415 McHenry st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 7 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Jews Cem. Philadelphia Road

*Date of Burial,* August 3 1886

*Undertaker,* John S. Paulus

*Place of Business,* 166 Fred. St. *Address,* 319 Hollins st

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93788 *Office of Registrar of Vital Statistics.* 1886 Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Brady

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 34 Lancaster St.

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Senility

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cem.

*Date of Burial,* Aug 2 '86

*Undertaker,* M. Blake & Sons

James J. McShane M. D.
Medical Attendant.

*Place of Business,* *Address,* 419 E. Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93789 *Office of Registrar of Vital Statistics.* Ward 59

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 - 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Ringgold

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* 7 *Months,* *Days*

*Color,* Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Elkton Md

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 91 Sterling

*Cause of Death,* First (Primary), Old Age

Second (Immediate),

*Duration of Last Sickness,* One a year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 2 1886

*Undertaker,* H Grmadden

*Place of Business,* 76 East Pr

D.D. Moore M. D.
Medical Attendant.

*Address,* 192 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93790 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Richardson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 98 *Years,* *Months,* *Days.*

*Color,* (Colored)

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} No 256 Mc Donough st

*Cause of Death,* First (Primary), Hypertrophy of the Heart

Second (Immediate), (Paralysis)

*Duration of Last Sickness,* 24 Hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 2 1886

*Undertaker,* Wm Madden

*Place of Business,*

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

6

*Permit No.* 93791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 2 1886 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Hellen Stephenson

*Sex,* ~~Male or Female~~, { Cross out the word not required in this line. }

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* Col *Sex,* [redacted] female

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } —

*Occupation,* none —

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 45 Jefferson E

*Cause of Death,* { First (Primary,) [redacted]
Second (Immediate,) Marasmus

*Duration of Last Sickness,* 5 weeks —

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetry

*Date of Burial,* August-3 1886

*Undertaker,* Alex Hendry

*Place of Business* 116 Richard st

[illegible] Gross M. D.
Medical Attendant.

*Address* 137 Pitt E

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93792 *Office of Registrar of Vital Statistics* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT AUG 2 1886 BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McCannon

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* 10 *Months,* 15 *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 74 Courtland St

*Cause of Death,* First (Primary), Old age

Second (Immediate), Diabetes

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Augt 2d 1886

*Undertaker,* Henry W. Mears

*Place of Business,* #22 W. Fayette St

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 N. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below.**

# Health Department, City of Baltimore.

Permit No. 93793 *Office of Registrar of Vital Statistics* Ward 39

HEALTH DEPARTMENT AUG 3 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addura A. F. Gaede

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* 11 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 11 E. Lexington St.

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* Aug 2nd 1886

*Undertaker,* Fred. Gaede

*Place of Business,* 219 E. Lexington *Address,* 12 S. Eden

L. Oldenbruch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 11

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

HEALTH DEPARTMENT AUG 1886 BALTIMORE, MD.

Permit No. 93794 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie A. Spencer.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Worchester, Co. Md.

*Duration of Residence in the City of Baltimore,* 40 years.

*Place of Death,* {Give Street and Number.} 174 N. Bond St.

*Cause of Death,* First (Primary),

Second (Immediate), Pulmonary Fuberculosis

*Duration of Last Sickness,* about 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 2 1886

*Undertaker,* Fred Gaudy

*Place of Business,* 29 S. Caroline St

R. J. N. Talls M. D.
Medical Attendant.

Address, 152 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93795 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Bhamtly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 1796 Fayette St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet cem

*Date of Burial,* August 2nd 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave & *Address,* 1796 Balto St

~~Mt Royal & Boundary aves~~

Chas O Daniels M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT, AUG 7 1886 BALTIMORE MD.

Permit No. 93796 *Office of Registrar of Vital Statistics* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen L Parker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* — *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 100 Park Avenue

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Collapse

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Marys Cem Hampden Balto Co

*Date of Burial,* Aug 2 1886

*Undertaker,* Nes Jenkins & Sons

*Place of Business,* Park & Saratoga

G Fleck M. D.
Medical Attendant.

*Address,* 359 Wilkens

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93797 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT AUG 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1886 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Other Name unknown -

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* about 14 *Years,* ——— *Months,* ——— *Days*

*Color,* Black -

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Boobman -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Unknown Came from Washington DC.

*Duration of Residence in the City of Baltimore,* Unknown -

*Place of Death,* {Give Street and Number.} Drowned at Bristol Ship Yard - boot of Point St -

*Cause of Death,* First (Primary), ~~Unknown~~ Drowning -

Second (Immediate), Asphyxia -

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* E. Poole Cemetery

*Date of Burial,* July 31st 1886 F. J. Flanner, M. D.

*Undertaker* Abel Rinehart *Medical Attendant* Coroner

*Place of Business,* Health Office *Address,* 404 Do. Hill Ave -

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93798 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. 1886

B

## CERTIFICATE OF DEATH

*Date of Death,* July 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis E. Washington

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 29 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married V

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Jonestown Va

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give Street and Number.} 148 N Dallas St

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Asthenia

*Duration of Last Sickness,* Ten (10) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 27 1886

*Undertaker,* William H Dugger

*Place of Business,* 62 East St

I. W. Silver M. D.
Medical Attendant.

Address, 1611 Fairmount St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible] this certificate.

# Health Department, City of Baltimore.

Permit No. 93799 *Office of Registrar of Vital Statistics* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 2 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* July 31 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bryan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 48 *Years,* ✓ *Months.* ✓ *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St. Marys Co

*Duration of Residence in the City of Baltimore,* ✓

*Place of Death,* {Give Street and Number.} 72 East St ✓

*Cause of Death,* First (Primary), ✓

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 2 1886

*Undertaker,* William M Bryce

*Place of Business,* 62 East St

J. W. P. Bate M. D.
Medical Attendant.

*Address,* 78 E Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93800 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT, AUG 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Milburn

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Atlantic City N. Jersey

*Duration of Residence in the City of Baltimore,* 7 weeks

*Place of Death,* {Give Street and Number.} P. Park avenue Court-house

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Aug 2 1886

*Undertaker,* Wm. H. Dyer

*Place of Business,* 62 East St *Address,* 238 N Broadway

Wm. L. Rowe M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 2 1886 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 31st or 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Maria Lucas

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* ..... *Months,* ..... *Days.*

*Color,* White *Sex,* ~~Female~~ Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 142 Bolton St

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) General Paralysis

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Aug 2nd 1886

E. Ridgely Ball M. D.
Medical Attendant.

*Undertaker,* Denny & Metcalf

*Place of Business,* 660 W Fayette St Address 142 Bolton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93802 — *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 2 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augst 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Holzler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* 6 *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md. Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 134 N. Pine

*Cause of Death,* First (Primary), {Supposed Hepatitis: Sen for first time 3 Days before death. Acute. Anasarca}

Second (Immediate), Cerebral effusion (?).

*Duration of Last Sickness,* 6 or 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Augt 3d 1886

*Undertaker,* Wm Weaver

*Place of Business,* 202 N. Eutaw

Thos. S. Latimer M. D.
Medical Attendant.

*Address,* 371 Eutaw Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore. 16

Permit No. 93803 *Office of Registrar of Vital Statistics.* Ward ~~19~~ 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after ~~the death of~~ said deceased, or ~~former~~, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 "86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary Gross

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 25 Bankard Lane

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Aug 2 "86

*Undertaker,* F. Kerchner

*Place of Business,* City Hall

Chas A. Tennant M. D.

~~Medical Attendant~~ Coroner

*Address,* Comr. of Health & Registration

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

L. V. Fitzpatrick Sanitary Inspector

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93804 *Office of Registrar of Vital Statistics,* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 2 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Crain

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 1 *Years,* 9 *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Born

*Place of Death,* {Give Street and Number.} 134 Henrietta St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 22 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park.

*Date of Burial,* August 3

*Undertaker,* Walter Immel

*Place of Business,* 305 West Baltimore *Address,* 1469 Hanover St

Herbert Cox M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore,

HEALTH DEPARTMENT AUG 2 1886 BALTIMORE, MD.

Permit No. 93805 *Office of Registrar of Vital Statistics.* 2 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2d - 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 4 *Months,* —— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. vincent's Infant asylum.

*Cause of Death,* First (Primary), Cholera Infantum -

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemetery

*Date of Burial,* Aug 3rd /86

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* Harlem av. & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 12806. *Office of Registrar of Vital Statistics.* Ward 14/1

HEALTH DEPARTMENT RECEIVED AUG 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug. 1st 3 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Greenisen

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 20 *Years,* 4 *Months,* 4 *Days*

*Color,* White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 years.

*Place of Death,* {Give Street and Number.} 890 W. Pratt St.

*Cause of Death,* {First (Primary),} {Second (Immediate), Typhoid Fever}

*Duration of Last Sickness,* 2 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* Aug 2 nd 1886

*Undertaker,* Jos B Loch

*Place of Business,* No 707 W Baltimore

H. W. Webner M. D.
Medical Attendant.

*Address,* 298 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93807 *Office of Registrar of Vital Statistics.* Ward 5-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1 - 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna Walker

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 110 Saratoga St

*Cause of Death,* First (Primary), Confinement com-

Second (Immediate), plicated with rheumatism

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Augs 3d 1886

*Undertaker,* Henry W. Mears

*Place of Business,* # 22 W. Fayette St

D. C. Moyer M. D.
Medical Attendant.

*Address,* 192 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93808 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 2 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Turner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* about 60 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Died while being carried to Bay View (Near Southern R. Station

*Cause of Death,* First (Primary), )
Second (Immediate), Emaciation & Loss of Strength

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* West Cut Lonely

*Date of Burial,* July 31/1886

*Undertaker,* F C Rogers

*Place of Business,* 30 Hanover St

D. G. Sparrow M. D.
~~Medical Attendant.~~ Coroner

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital [redacted] in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 93809 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry a Talbot

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* ~~ Years, 5 Months, 3 Days.

*Color,* colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} /

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Brick yard Washington Road B. Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Brick yard Washington Road

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Remittent Fever-

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Shaw's St Cem'y

*Date of Burial,* Aug 2 '86

*Undertaker,* H. Rees

*Place of Business,* Conway St

J. B. Hall M. D.
Medical Attendant.

*Address,* Mt Winans

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93810 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Era Ertell Dural

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* ... *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 17 Gross St

*Cause of Death,* First (Primary), ...

Second (Immediate), Convulsions

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Lutheran Cem.

*Date of Burial,* August 3 1886

*Undertaker,* John Herzog

*Place of Business,* 382 Orleans St *Address,* 373 Eden Ave

E. J. Williams *M. D.*
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93811 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Baltimore August 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Mays

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond Va

*Duration of Residence in the City of Baltimore,* Five Years

*Place of Death,* {Give Street and Number.} 41 Clark St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Richmond Virginia

*Date of Burial,* Aug 3rd 1886

*Undertaker,* Mc Cadrogan

*Place of Business,* 227 Madison St

J H Buncham M. D.
Medical Attendant.

*Address,* 1 E Monument Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4307 Transit

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93812 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary H Rusk

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 9 *Months,* — *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.}

*Occupation,* School Teacher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 96 William St

*Cause of Death,* First (Primary), Ty. Phv. Mel. Fever

Second (Immediate), Nervous Prostration

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 4th 1886

H. D. Stith M. D.

Medical Attendant.

*Undertaker,* Armistead Denny

*Place of Business,* 263 Light *Address,* 50 Warren Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93813 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Pitcher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give Street and Number.} 611 S. Charles St

*Cause of Death,* First (Primary),

Second (Immediate), Acute Dysentery

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 3rd 1886

*Undertaker,* Ambrose Penny

*Place of Business,* 263 Light Address, 15 1 Hanover St

J C Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93814 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Wilson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* *Months,* *Days*

*Color,* Black.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} The Col. Shelter 204 Biddle St

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Dysenteric diarrhoea

*Duration of Last Sickness,* about 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* August 3d 1886

*Undertaker,* John J Andrews

*Place of Business,* No 416 Druid Hill Ave

L. F. Raborg M. D.
Medical Attendant.

*Address,* 203 Biddle St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93815 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Forman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 5 Months

*Place of Death,* {Give Street and Number.} 297 E. Lombard St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem.

*Date of Burial,* Aug 2nd 86

*Undertaker,* G. B. France

*Place of Business,* Paul & Wolfe *Address,* 346 E. Balto St

S. Wolfsohn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93816 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 2 1886 BALTIMORE

## CERTIFICATE OF DEATH. H

*Date of Death,* August 2, 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Brandt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} —

*Age,* 43 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany, 12 Years

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Chronic Brights Disease (Interstitial Nephritis)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug. 2d 1886

*Undertaker,* Geo. Kleinhaus

*Place of Business,* 387 W. Pratt

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93817 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. D

*Date of Death,* August 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Gretzinger

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 79 Fremont St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 3d 1886

*Undertaker,* Ed. Levin Co

*Place of Business,* 389 W Balt St *Address,*

Fr. Bartley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93818 *Office of Registrar of Vital Statisi* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of [illegible]dicate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the dea[illegible] f [illegible] deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Hazelett

*Sex, Male ~~or Female~~,* {Cross out the word not reqnired in this line.}

*Age,* 60 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not reqnired in this line.}

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 yrs.

*Place of Death,* {Give Street and Number.} No. 53 McKim St.

*Cause of Death,* First (Primary), Dilated Heart

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* Instant death.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 3d

*Undertaker,* H. C. Weidefeld

*Place of Business,* 100 Greenmt Ave

Alex. Hill, M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93819 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* July 31st 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Florence M. Bonnell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* 8 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond Va

*Duration of Residence in the City of Baltimore,* for several years

*Place of Death,* {Give Street and Number.} 75- Columbia ave

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 mths.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 3d 1886

*Undertaker,* F. Louis Schaefer 7 & F Hill M. D.
Medical Attendant.

*Place of Business,* 109 N Front *Address,* 23 Edmondson ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List o[illegible] back of this Certificate.

# Health Department, City of Bal[illegible]ore.

Permit No. 93829 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 3 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Clark

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* One *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 914 Vincent

*Cause of Death,* First (Primary), Cyanosis -

Second (Immediate), Spasm

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* August 3rd 96

*Undertaker,* Daniel Ahern

*Place of Business,* 109 West St

Geo. L. Winslow M. D.
Medical Attendant.

*Address,* 914 E. Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93821 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1891 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2 1891

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Clark

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 22 Yrs.

*Place of Death,* {Give Street and Number.} 24 N. Exeter

*Cause of Death,* First (Primary), Peritoneal Consumption

Second (Immediate), Coma

*Duration of Last Sickness,* 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* August 3rd 1891

*Undertaker,* Daniel Glynn

*Place of Business,* 109 West 4th

Geo. L. Winslow M. D.
Medical Attendant.

*Address,* 77 E. Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9382 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B or C

*Date of Death,* August 2. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Susan Lunzy

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 52 Preston St

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug. 4/86

*Undertaker,* Chas J. Scriven

*Place of Business,* 271 N Eutaw

H. H. Williams M. D.
Medical Attendant.

*Address,* 201 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93823 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Charles Latus

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Baltimore Md

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~Dem~~ During Life

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 124 Marshall av

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Werton Cem-

*Date of Burial,* August 3rd 1886

*Undertaker,* B. Hyland

*Place of Business,* 82 West St *Address,* 110 Foot av

O & A Cooke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93824 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 2 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary White

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 2 Yurrough St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer, Cemy

*Date of Burial,* August 3rd 1886

*Undertaker,* J. Hoke,

*Place of Business,* # 82 West St

Robert S. Lowe M. D.
Medical Attendant.

*Address,* 333 Light St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93825 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug 1 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Nutter

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 10 N Chapel St

*Cause of Death,* First (Primary), Tuberculan Consumption

Second (Immediate),

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 3 1886

*Undertaker,* Wm Aiden

*Place of Business,* 4 E Baltimore St

Wm L. Russell M. D.
Medical Attendant.

*Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93826 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Underheide

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 27 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 29 Short St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Com.

*Date of Burial,* Aug 3 1886

J. H. Keller M. D.
Medical Attendant.

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans *Address,* 188 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93847 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

(No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 3 1891 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1891

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pinkett

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Ship Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester County Maryland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} No 110 S Caroline St

*Cause of Death,* First (Primary), Acute Enteritis

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* August 3rd

*Undertaker,* John E Grace

*Place of Business,* 1421 Caroline St *Address,* 238 N Broadway

Wm L Russell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93828 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 3 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 2d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mainhard Fortmann

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cabinetmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 39 years

*Place of Death,* {Give Street and Number.} 98 Leadenhall St.

*Cause of Death,* First (Primary), Gastric Cancer

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 5th 1886

*Undertaker,* Wm J Ensminger Son

*Place of Business,* Park Hanaton *Address,* 170 S. Eutaw St.

Wm Gaimbel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 93829 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 3 18[illegible]
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mattans

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Well-digger

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} do'nt Know

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} N. Paca St # 28

*Cause of Death,* First (Primary), Suffocation from foul air

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Aug 3rd 1886

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Baltimore *Address,*

L. G. Spanow M. D.

~~Medical Attendant.~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93830 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 3 1886 BALTIMORE

## CERTIFICATE OF DEATH. a

*Date of Death,* Aug 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Kalling

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 73 *Years,* 11 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hanover Germany

*Duration of Residence in the City of Baltimore,* 60 yrs

*Place of Death,* {Give Street and Number.} 609 Aisquith St

*Cause of Death,* First (Primary), ....

Second (Immediate), Bright disease

*Duration of Last Sickness,* about 4 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 4th 1886

*Undertaker,* Jas B Cook

*Place of Business,* No 707 N Balto St *Address,* ....

L. A. Morris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93831 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1886 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3d 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ge[illegible]

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single,~~ Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philada Pa

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} 302 W Lexington

*Cause of Death,* First (Primary), Intussusception

Second (Immediate), .....

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 4th 1886

*Undertaker,* Dennis & Mitchell

*Place of Business,* 550 W Fayette St *Address,* 534 W Fayette St

Robt K Kinnear M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 93832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 3 188
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Elvrida Jane Young

*Sex,* ~~Male or~~ *Female,* { cross out the word not required in this line. }

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single,~~ *Widow* ~~or Widower,~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 107 N Carey st

*Cause of Death,* First, (Primary.) Asthma with Chronic Diarrhea

Second, (Immediate,) General debility & Dropsy

*Duration of last Sickness,* about 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 3rd 1886 C. H. Frew *M. D.*

Medical Attendant.

*Undertaker,* Deuker & Mitchell

*Place of Business,* 550 W Fayette St *Residence,* 192 N Carey st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 7

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93833 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Crawford

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* 1 *Months,* ~~ *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 67 Foster Alley

*Cause of Death,* First (Primary),

Second (Immediate), Croup

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Charles St Cemetery

*Date of Burial,* Aug 3d 1886

*Undertaker,* W. F. Gray

*Place of Business,* Mulberry St *Address,* James A. Stuart M.D.

~~Medical Attendant~~ Resident

Com. of Health & Vaccinator

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. C. Roberts Sani Inspector

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...**

# Health Department, City of Baltimore.

**Permit No.** 9383 4 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank J. Boeller. B

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 1 *Months,* 17 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 270 Lee. St.

*Cause of Death,* First (Primary),

Second (Immediate), Inanition.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Van Cathedral

*Date of Burial,* May 3 1886

*Undertaker,* C J Krouse & Son

*Place of Business,* 204 Hanover

R. J. N. Tall, M. D.
Medical Attendant.

*Address,* 152 Sharp. St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 93835 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Brown

~~*Son, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* 8 *Days*

*Color,* Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hoffman's Alley 113 City

*Duration of Residence in the City of Baltimore,* all its life

*Place of Death,* {Give Street and Number.} 70 Orchard St

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* Since its birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel.

*Date of Burial,* Aug. 3 1886

*Undertaker,* Alex. F. Hendley

*Place of Business,* 116 Orchard St *Address,* 113 Druid Hill Ave

W. H. Irvine M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 93836 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 3 1896 BALTIMORE MD.

## CERTIFICATE OF DEATH.

4

*Date of Death,* August 2. '96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gross

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

*Duration of Residence in the City of Baltimore,* Two weeks

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* W. D. Cemetery

*Date of Burial,* Aug 2, 96

*Undertaker,* Fred'k L. Kirchner

*Place of Business,* Health Office

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 93837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

B

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Matilda Simpson

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 3 *Years,* 1 *Months,* 16 *Days.*

*Color,* White *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* None

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 416. Orleans St

*Cause of Death,* { First (Primary,) Congestion of the Brain
Second (Immediate,) Convulsions

*Duration of Last Sickness,* 2 Days.

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* Aug. 4, 1886

*Undertaker,* H. A. Dayer

*Place of Business,* 74 S. Bway

A. J. Smith *M. D.*
Medical Attendant.

*Address* 137 Fell 5

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ack of thi

# Health Department, City of Baltimore.

Permit No. 93838 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Stevens

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Seventy Nine *Years,* Seven *Months,* Thirteen *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Troy New York

*Duration of Residence in the City of Baltimore,* Thirty five years

*Place of Death,* {Give Street and Number.} 52 Eastern Ave

*Cause of Death,* First (Primary), old age

Second (Immediate), Apoplexy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 3d 1886

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balt. St

C. H. Jones M. D.
Medical Attendant.

*Address,* 293 W. Lombard

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 93839 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph P. Shreeve

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Minister of the Gospel

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick Md

*~~Duration of Residence in the City of~~ Baltimore,* Resident of Washington D.C.

*Place of Death,* {Give Street and Number.} 133 Harmony Lane - Balto.

*Cause of Death,* First (Primary),

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 4 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Washington D.C.

*Date of Burial,* Aug 4 1886

*Undertaker,* William Wonger

*Place of Business,* 62 East st

J. W. C. Cuddy, M. D.
Medical Attendant.

*Address,* 137 N. Carroll Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4308 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93840 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Found Floating at Ramsays Wharf. Aug 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Name unknown.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* about 30 *Years,* ——— *Months.* ——— *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Unknown.

*Occupation,* Unknown.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Unknown.

*Duration of Residence in the City of Baltimore,* Unknown.

*Place of Death,* {Give Street and Number.} Found Drowned at Ramsay's Wharf.

*Cause of Death,* First (Primary), Body evidently had been in water 8 or 10 days. Drowning.

Second (Immediate), ———

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* N. C. Cemetery

*Date of Burial,* Aug 2, 86

*Undertaker,* Bertha & Kirchner

*Place of Business,* Health Office

D. S. Flannery M. D.

~~Medical Attendant~~ Coroner

*Address,* 404 Dr. Hill ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93841 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Schlunitsky

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* 2 years 4 months.

*Place of Death,* {Give Street and Number.} 28 Bares St.

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Helenas Cr

*Date of Burial,* August 4 1886

*Undertaker,* Frank R. Couch

*Place of Business,* 249 Durham St *Address,* 347 N. Broadway

John B. White M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9384 2 *Office of Registrar of Vital Statistics.* Ward 7a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James. Breychen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 9 *Months,* *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single.

*Occupation,* none.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life Time.

*Place of Death,* {Give Street and Number.} No 233. N. Durham St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Inanitio.

*Duration of Last Sickness,* about one week.

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian National Gi's.

*Date of Burial,* August 3. 1886

*Undertaker,* Brants-Coach

*Place of Business,* 249 N Durham *Address,* No 238 E. Monument

Jno. A. Lyman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

This Permit

**The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93843 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamen Thomas Wilson

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 10 *Months,* 26 *Days*

*Color,* Black or - Brown skinned -

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md -

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Residence 18 Wayne st - Was drowned at head of Frederick st - dock -

*Cause of Death,* First (Primary), Accidental Drowning -

Second (Immediate), Asphyxia -

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Spring St Cemetery

*Date of Burial,* August 3 1886

*Undertaker,* Hercules Ross

*Place of Business,* [illegible]

Frank J Flannery M. D.

~~Medical Attendant~~ Coroner

*Address,* 404 W. Hill ave -

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 93844 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 3 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Elizabeth Traeger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 55 *Years,* 7 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany - 20 years

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} 1st 31 S. Dallas night Ar.

*Cause of Death,* First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 or 7 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical

*Date of Burial,* Aug 3d 1886

*Undertaker,* Geo Sander & Son

*Place of Business,* 252 Canton Av *Address,* 125 Edeon

L D Blackerby M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93845 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT AUG 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 3d, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heimbuch

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* ~~ Years, ~~ Months, 2 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Two days

*Place of Death,* {Give Street and Number.} # 225. Eastern Av

*Cause of Death,* First (Primary), Trismus Nascentium

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's cem.

*Date of Burial,* Aug. 3d 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Av *Address,* 434 Alice Anna

John H. Rehburger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93846 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

LIBRARY ... AUG 3 1886 ... BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bittner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 4 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

*Occupation,* ~~Occupation~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No 14 Cuba st, Locust Point

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Spasm

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cem

*Date of Burial,* Aug 3d 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Av *Address,* 166 S. Paca st.

O. L. Baddenhorn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9384 7 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Lowenthal

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Saleslady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 491 W Fayette St

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Jew Cem, Phila Road.

*Date of Burial,* Aug 3. 1886.

*Undertaker,* Wm. H. Hickman. A Friedenwald M. D.
Medical Attendant.

*Place of Business,* 234 N. Gay *Address,* 58 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93848 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Devine

*Sex, Male or Female,* {Cross out the word not required in this line.} ✓

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Carter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 124 E. Holliday St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 4th

Geo B. Reynolds M. D.
Medical Attendant.

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Gruenmt Ave *Address,* 171 N. Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93549 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 2 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cannell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Well-diggers

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Not Known

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} N. Paca St # 28

*Cause of Death,* First (Primary), Suffocation from foul air.
Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy cross cemetery

*Date of Burial,* Aug 4th 1886

*Undertaker,* Jos B Coale

*Place of Business,* 1707 W Baltimore St *Address,*

L L Sparrow M. D.
Medical ~~Attendant~~.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 93850 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 2d - 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Augusta Shipley

*Sex,* ~~Male~~ *or Female,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States. If of foreign birth. } Balto. Md -

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 618 Barre

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate), Coma

*Duration of Last Sickness,* 4 days

the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 4th 1886

*Undertaker* Jos B Coale

*Place of Business* 1017 W Baltimore St

Henry Chandlee M. D.
Medical Attendant.

*Address,* 181 Linden Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93857 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Monaghan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One hundred years, ——— *Months,* ——— *Days*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Sixty five years

*Place of Death,* {Give Street and Number.} Town Ct. House.

*Cause of Death,* First (Primary), Old age

Second (Immediate), do

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cem

*Date of Burial,* Aug 4th 1886

*Undertaker,* Henry McGinley

*Place of Business,* 826 Central Ave

James Bacon M. D.
Medical Attendant.

Address Arlington & Lafayette Aves

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93852 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 31 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bradley

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 9 *Months,* 19 *Days*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 181 Caroline St.

*Cause of Death,* First (Primary), Cholera Infantum, (with fits)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem'y

*Date of Burial,* Aug 4th 1886

*Undertaker,* Wm D Tucker

*Place of Business,* 60 S Eutaw St *Address,* 133 N Eutaw St

J. W. Chambers M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 73853 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH. D

*Date of Death,* Aug 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nelson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 27 Bath St.

*Cause of Death,* First (Primary), Cerebral Meningitis.

Second (Immediate),

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 4th

*Undertaker,* Wm F Schaeffer

*Place of Business,* 5, S. Front St.

Wm. G. Lay, M. D.
Medical Attendant

*Address,* 75 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93851 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Kohler

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 346 S Charles St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* Aug 5th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* 146 Hanover St

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93855 *Office of Registrar of Vital Statistics* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hausenfelter

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* — *Years,* 4 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* His Life time

*Place of Death,* {Give Street and Number.} 119 Coach Alley

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 4th 1886

*Undertaker,* Daniel Wynn

*Place of Business,* 109 West St

Freedom Cook M. D.
Medical Attendant.

*Address,* 1109 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93856 *Office of Registrar of Vital Statistics.* Ward 15

REGISTRAR'S OFFICE AUG 4 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clementine Doering

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 13 Bartels st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 5

*Undertaker,* F B Corth

*Place of Business,* 707 W Balto *Address,* 319 Hollins st

James Bailey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93857 *Office of Registrar of ~~Vital Statistics~~.* Ward 14

HEALTH DEPARTMENT AUG 4 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward P. Nelson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* 0 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md —

*Duration of Residence in the City of Baltimore,* Same year

*Place of Death,* {Give Street and Number.} 103 E. Baltimore st

*Cause of Death,* First (Primary), —

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* August 6, 1886

*Undertaker,* Henry McGinnis

*Place of Business,* 48 N. Eutaw Lane

Chas. H. Pike M. D.
Medical Attendant.

*Address,* 20 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93858 *Office of Registrar of Vital Statistics* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 3rd Day August

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Fresh

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} # 222 Columbia Ave

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Prostration

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* August 5th 1886

C. L. Buddenbohn M. D.
Medical Attendant.

*Undertaker,* Ph. J. Dill & Son

*Place of Business,* 183 Columbia Ave *Address,* 166 S. Paca St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93859 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2nd -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Gaines

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 2½ hours ~~*Days*~~

*Color,* White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 36 E. Pratt St -

*Cause of Death,* First (Primary), Premature birth - only a 7 months child lived 2½ hours

Second (Immediate), Unknown, but supposed to be due to want of proper attention immediately after delivery -

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 4 1886

*Undertaker,* Evans & Pierce

*Place of Business,* 16.60 E Baltimore

Frank J Flannery M. D.
Medical Attendant.

Coroner

*Address,* 404 N. Hilliard.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93860 *Office of Registrar of Vital Statistics.* Ward

HEALTH DEPARTMENT AUG 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Ireland,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 51. *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 215 N. Bond St.

*Cause of Death,* First (Primary), Chronic Diarrhea.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Has been sick over a year.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 4/86

*Undertaker,* Henry E. Mitchell

*Place of Business,* 550 W. Fayette

John J. Kloze M. D.
Medical Attendant.

*Address,* 273 Lexington St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93861 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Joynes

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 19 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} Ensor & Madison sts.

*Cause of Death,* First (Primary), Spinal Meningitis.

Second (Immediate),

*Duration of Last Sickness,* 13 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Aug 4 1886

*Undertaker,* J. C. Young

*Place of Business,* 63 Hanover

Edward P. McDevitt M. D.
Medical Attendant.

*Address,* 54 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9382 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Peters

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 50 *Years,* 4 *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 46 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 946 E. Chase St.

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Intestinal Hemorrhage

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Aug 5th 1886

*Undertaker,* Henry Hoerr

*Place of Business,* 309 N Central Ave *Address,* 309 N Caroline St

L. W. Flower M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93863 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPT. BALTIMORE MD. AUG 4 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Rohrbach

*Sex, Male or Female,* {Cross out the word not required in this line.} —

*Age,* — *Years,* 11 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 23 Barre St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 5th

*Undertaker,* Henry Brick

*Place of Business,* Henrietta 81

Thos. Cooke M. D.
Medical Attendant.

*Address,* 460 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate.

# Board of Health, City of Baltimore, 9

Permit No. 93864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1886 BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* aug 3. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur W. Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 8 *Months,* 15 *Days.*

*Color,* Colored

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 56 Gravel or Hargrove alley

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Marasmus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Aug 4th 86

*Undertaker,* W. J. Gray

*Place of Business,* 65 Mulberry St.

J. J. Ward M. D.
Medical Attendant.

Address 127 St Paul

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPT. BALTIMORE AUG 4 MD.

Permit No. 93865 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

14

*Date of Death,* Aug 3rd 1886 — 7 30 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Ritter

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 2 *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St. Joseph's Asylum

*Cause of Death,* First (Primary), Chorea + Starvation - & neglect.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Aug 4th 86

*Undertaker,* New Ent Cem Hse

*Place of Business,* Park & Saratoga

Chas. Jos. Bobbin M. D.
Medical Attendant.

*Address,* 4 E Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93866 *Office of Registrar of Vital Statistics* **Ward** 17

HEALTH DEPARTMENT AUG 4 1896 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha L. Albert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 44 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 261 Shaefer St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemty

*Date of Burial,* August 5

*Undertaker,* Henry Brides

*Place of Business,* Henrietta 81

Raymond Cole M. D.
Medical Attendant.

*Address,* 146 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9386 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rafsh

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty five years

*Place of Death,* {Give Street and Number.} 468 Lexington St.

*Cause of Death,* First (Primary), Paralysis agitans

Second (Immediate),

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 5 the

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna Ave

John Neff M. D.
Medical Attendant.

*Address,* 206 N Carrollton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93869 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the information in this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 4 1886, BALTIMORE MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* August 3rd 1886, 8 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unnamed Infant of Giovanni & Mary Lee Monfalone

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 7 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} Infant

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 201 Jefferson St

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 201 Jefferson St / W. Andrew

*Cause of Death,* First (Primary), Hemorrhagia / Consulting Ph

Second (Immediate), " /

*Duration of Last Sickness,* During Life /

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 4/86

*Undertaker,* Am S. Fry

*Place of Business,* 810 Broadway Address 88 E Balto St

Abr. Shortsleeve M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9386 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If any Infant not named, give names of parents.} Abraham Double

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* 3 *Months,* 20 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Retired

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carroll County

*Duration of Residence in the City of Baltimore,* Fifty five years

*Place of Death,* {Give Street and Number.} 209 N Fayette

*Cause of Death,* First (Primary),

Second (Immediate), Old age

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 15th 1886

*Undertaker,* Stewart & Monroe

*Place of Business,* 35 Park Ave *Address,* 552 N Fayette

W. R. McKenzie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93870 *Office of Registrar of Vital Statistics* Ward 7

HEALTH DEPARTMENT AUG 1 1894 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 4 1894

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Bierwith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* Six *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} In rear of No. 323 Central ave.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* About two months — Never healthy

All the above information should be furnished by the Physician.

*Place of Burial,* Jewish Cemetery

*Date of Burial,* Aug 5th

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Sq.

Aug. A. Elwell, M. D.
Medical Attendant.

*Address,* 527 Harford ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23871 *Office of Registrar of Vital Statistics* Ward 14

HEALTH DEPARTMENT AUG 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Adel Buckhead

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* 13 *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 42 W. Arlington av

*Cause of Death,* First (Primary), ...

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem'y

*Date of Burial,* Aug 4th 1886

*Undertaker,* Jas B Lord

*Place of Business,* No 707 W Baltimore

Louis (his) Horn M. D.
Medical Attendant.

*Address,* 226 Mulberry P.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 5872 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Annie & James Toogood

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 10 Minutes *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} my Pages Ct

*Cause of Death,* First (Primary), —

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 4th /86

*Undertaker,* Wm H. Duncan

*Place of Business,* *Address,* Eutaw & Pr

James A Harris M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. A. Roberts Sanit. Inspector

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93873 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret King

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* *Months,* 7 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Penna

*Duration of Residence in the City of Baltimore,* 21 Years

*Place of Death,* {Give Street and Number.} 574 N. Lombard St

*Cause of Death,* {First (Primary),} {Second (Immediate), Paralysis

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 5th 1886

*Undertaker,* Jos Block

*Place of Business,*

Thos A Thomas M. D.

*Address,* Cumb & P R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. E. Roberts Asst Inspector

# Board of Health, City of Baltimore,

Permit No. 9887 *Office of Registrar of Vital Statistics* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Lady Fifer

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} #100 N Pottsville St

*Cause of death,* First, (Primary,) Carcinoma Ventriculi

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Some 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* August 6th

*Undertaker,* John L Boarman

*Place of Business,* 150 Caroline St

Robert W. Mifflin M. D.,
Medical Attendant.

*Address,* 188 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9387[illegible] *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 3th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elnora Dorkins

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, One Months, fourteen Days.

*Color,* Colord

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 210 West Street

*Cause of Death,* First (Primary), Thrush

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* fours Days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street Cemetery

*Date of Burial,* Augt 5th 1896

*Undertaker,* H Roß

*Place of Business,* [illegible] *Address.* Lemmon & R

H C Seward M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H C Seward

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9387 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice M. Hurley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 236 Baltimore St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* August 5

*Undertaker,* J. Hall

*Place of Business,* 82 West A Address, 146 Hanover St

Thomas Bowles M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93877 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Eichorn

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* — *Years,* 18 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Always Lived

*Place of Death,* {Give Street and Number.} 215 Clarkson St

*Cause of Death,* First (Primary),

Second (Immediate), Bronchitis (Capillary)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* August 5

*Undertaker,* B. Hart

*Place of Business,* 62 West St *Address,* 46 Hanover St

Thomas Cotter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 93878 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 4 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth S. Graves

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Workwoman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No. 1 Lambert St

*Cause of death,* First, (Primary,) Phthisis Mesenteric

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Several Years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St

*Date of Burial,* Aug 5th 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St

R. W. Moffett *M. D.,*
Medical Attendant.

*Address,* 188 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 93879 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Yost

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* 7 *Days,*

*Color,* Black.

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} # 23 Madison alley

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,) —

*Duration of Last Sickness,* 3 mos

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 5th/886

*Undertaker,* Alfred Hemsley

*Place of Business,* 16 Orchard

Edwd Tyson M. D., Medical Attendant.

Address, #244 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9880 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT AUG 4 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 12 o'clock Midnight - Aug 3d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Sweeney

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 39 Lenzen St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), do do

*Duration of Last Sickness,* 12 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Aug 5th 86

*Undertaker,* F. A. Looke

*Place of Business,*

L. E. Richard M. D.
Medical Attendant.

*Address,* 28 O' Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9388 | *Office of Registrar of Vital Statistics* | Ward 18

HEALTH DEPARTMENT AUG 4 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 3d - 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Webster

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* Blk

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 3 yrs.

*Place of Death,* {Give Street and Number.} 20 Wilkens St.

*Cause of Death,* First (Primary), Typhoid Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 4 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St *Address,* Evening & Mulberry

R. H. Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93882 *Office of Registrar of Vital Statistics,* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David H Eaves

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* 6 *Months,* — *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give Street and Number.} Died aboard Steamer Pocahontas lying at Pier 13 Light Wharf.

*Cause of Death,* First (Primary), Epileptic Spasms.

Second (Immediate),

*Duration of Last Sickness,* Unknown.

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 5 1886

*Undertaker,* Flinn & Russell

*Place of Business,* 95 Canton Ave

F. J. Flannery M. D.

Coroner Medical Attendant

*Address,* 404 or Hillen

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93883 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug 5th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Grotzki

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* Six *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 74 Russell St

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), Coma

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Aug 6th 1886

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw St

D E Lawrence M Jordan M. D.
Medical Attendant.

*Address,* 33 Conway St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93884 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1916

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence E. Walker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* 15 *Days*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 1620 Eutaw

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 48 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western C

*Date of Burial,* August 5th

*Undertaker,* B. J. Healy

*Place of Business,* 512 West St *Address,* 1112 Eutaw

Dr. Fowler M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause te of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93885 *Office of Registrar of Vital Statistics.* Ward 7½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* Aug 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Callahan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto., Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 309 Hanford Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Abscess of the ear

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 5 th

*Undertaker,* H. C. Winfield

*Place of Business,* 100 Gruenmit

M. B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Preston st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93886 *Office of Registrar of Vital Statistics.* Ward 13 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Norman Engman

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ Eleven *Months,* ~~Days~~

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 326 Lexington St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Enteritis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Aug 31st 1886

*Undertaker,* Jos B Loch

*Place of Business,* 470 W Baltimore St

H. H. Wright M. D.
Medical Attendant.

*Address,* 321 N. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians are respectfully invited to the Remarks below, and to LIST of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9387 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Maguire

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 6- *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 130 Baker St.

*Duration of Residence in the City of Baltimore,* From birth

*Place of Death,* {Give Street and Number.} 90 Lee St.

*Cause of Death,* First (Primary), Cynanche

Second (Immediate), Maligna

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 5 86

*Undertaker,* Selmayer

*Place of Business,* 181 Shark St

O. J. Maguire M. D.
Medical Attendant.

*Address,* 28 S. Exeter St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93888 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalia Graff

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Yrs

*Place of Death,* {Give Street and Number.} 298 E Chase

*Cause of Death,* First (Primary),

Second (Immediate), Cancer of the Stomach

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 6/86

*Undertaker,* D Stevenson

*Place of Business,* 81 Chase St *Address,* 1460 Eastern

Howard Kelly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93889 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug. 4 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Lenz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 11 *Months,* 10 *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 305 Pont

*Cause of Death,* First (Primary), Diarrhoea - Marasmus

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* N. L. Carmel. Cemetery

*Date of Burial,* 6th Aug

*Undertaker,* Wm Nicolaus

*Place of Business,* 15 S Alicia

Geo. L. Porter M. D.
Medical Attendant.

Address, 1717 E. Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93890 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Conklin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Retired

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give Street and Number.} 400 Madison Ave

*Cause of Death,* First (Primary), Hemiplegia and Consequent

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Augst 6th 1886

C. O'Donovan M. D.

Medical Attendant.

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave *Address,* 15 W. Lanvale st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93891 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 4th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gerhart

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 6 *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 13 S. Chester St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Cross

*Date of Burial,* Aug 6th 1886

*Undertaker,* Mc Clarke & Son

*Place of Business,* 92 S Amer *Address,* 344 S Broadway

M. D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93892 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRY DEPARTMENT AUG 3 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

D

*Date of Death,* ~~July 2~~ Aug. 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Howard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 *Months,* 15 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 86 Parkin St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* One week.

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 6 1886

*Undertaker,* W. J. Tuckner

*Place of Business,* 61 S Eutaw St *Address,* 298 W Lombard St.

H. W. Webster M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93893 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT REGISTRY OFFICE BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Nov 4~~ August 5th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Melvin

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 5 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 303 E. Columbia Ave

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Asthenia

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 7th 1886

*Undertaker,* W. J. Ticknor

*Place of Business,* 6 & S. Eutaw St *Address,* 1551 Pacific

Jno A Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

# Health Department, City of Baltimore.

Permit No. 9387 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. CITY
AUG 5 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Loritz

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 374 Aisquith

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Ft Aghorus Cemetery

*Date of Burial,* August 5, 1886

*Undertaker,* Henry Koerth

*Place of Business,* 309 E Central ave *Address,* 283 N. Eden St.

Edwin B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7895

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93895 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4 —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Bourne

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 20 *Years,* 10 *Months,* ..... *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 42 Clinton St

*Cause of Death,* First (Primary), Brights Disease

Second (Immediate), Parturition

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Centre

*Date of Burial,* August 6 1886

*Undertaker,* Henry Koerr

*Place of Business,* 309 N. Central ave

David V Moyer M. D.
Medical Attendant.

*Address,* 197 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93896 *Office of Registrar of Vital Statistics.* 6

HEALTH DEPARTMENT
AUG 6 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Eder

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 9 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 343 E. Fayette h

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 6 1886

*Undertaker,* G Franc

*Place of Business,* Cor Baltimore Bend *Address.* # 243 4th & Amanda

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93897 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug 4th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Powell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 29 Potomac St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem.

*Date of Burial,* Aug 6th 86

*Undertaker,* G. Frazer

*Place of Business,* Bank & Holliday *Address,* 22 & 24 Bank

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93878 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Albert

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... *Months,* ... 14 *Days.*

*Color,* White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 44 E. Monument St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 5th 86

*Undertaker,* G. Evans

*Place of Business,* Evans & Wolfe Address, 91 N Broadway

C. A. Reuling M. D.

Attending Physician.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93899 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fedrick Hunt.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* 26. *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Soldier U. S. A. (Discharged for disability)

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Kurhessen, Germany.

*Duration of Residence in the City of Baltimore,* Several years

*Place of Death,* {Give Street and Number.} 1775 Madeira Alley

*Cause of Death,* First (Primary), Chronic Pneumonia.

Second (Immediate), Acute Phthisis.

*Duration of Last Sickness,* 3 months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug 4th 86

*Undertaker,* G. France

*Place of Business,* Dan'l & Wolfe's Address, 96 S. Ann St.

A. V. Gesmiller M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93909 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Hamilton

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* twenty one *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 86 Baker St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* all life

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 6

*Undertaker,* J B Cook

*Place of Business,* 1127 W Baltimore *Address,* 221 N Sylvan St

W W Wright *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93901 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Schroeder

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give Street and Number.} 201 S. Haynes

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate), Marasmus

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* 1st German Cemetry

*Date of Burial,* 6th Aug.

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Aliceanna St. *Address* 241 E. Baltimore St.

J Hatch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93902 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Kunzerling (Hunzerling)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White.

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 60 Fruit Street N.

*Cause of Death,* First (Primary), Dentition.

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 6th

*Undertaker,* H. Briele

*Place of Business,* 81 Henrietta

J. E. Mulholland M. D.
Medical Attendant.

*Address,* 29 N. Howard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93903 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 5 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Gertrude Robert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 7 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 262 Gough st

*Cause of Death,* First (Primary), Cholera Infantum &c

Second (Immediate),

*Duration of Last Sickness,* about 6 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* Aug. 5th/86

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bway.

D W Cantin M. D.
Medical Attendant.

*Address,* 2 W Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of ... on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 93904 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE, MD.

*Date of Death,* Aug. 3rd 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Meyers

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* ~~1~~ *Years,* — *Months,* X *Days,*

*Color,* Colored

*Married, Single, ~~Widow or~~ Widower,* { Cross out the word not required in this line. }

*Occupation* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } American

*Duration of Residence in the City of Baltimore,* X day

*Place of Death,* { Give street and Number. } 47 Centre St.

*Cause of Death.* First (Primary), Atalectasis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 1½ day

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 5 / 86

*Undertaker* H. C. Windefeld

*Place of Business,* 100 Greenmount Ave

Frank C Bossler M. D.
Medical Attendant.

*Address,* 07 Park St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John Lockerd

*Sex, Male or Female,* { Cross out the word not required in this line. } Male.

*Age,* ——— *Years,* Three *Months,* ——— *Days.*

*Color,* White *Sex,* Male.

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } Single.

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } 63 Bank St. Balto Md.

*Duration of Residence in the City of Baltimore,* Three months.

*Place of Death,* { Give street and number. } 63 Bank St.

*Cause of Death,* { First (Primary,) Cholera Infantum. / Second (Immediate,) Prostration

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus J. Th. Lockerd M. D.

*Date of Burial,* August 6 1886 Medical Attendant.

*Undertaker,* C F Kraus & Son

*Place of Business* 209 Hanover *Address* 23. S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...this Certificate.

# † Health Department, City of Baltimore.

Permit No. 93906 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT, AUG 5 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Edwin Davis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* Three *Months.* *Days*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md Whole time

*Duration of Residence in the City of Baltimore,* Whole time

*Place of Death,* {Give Street and Number.} 2 Lafayette ave bet E & C

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 6th 1886

*Undertaker,* Charles H. Butler

*Place of Business,* #132 N. Caroline st *Address,* Baltimore Md

D Edwards M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 23907 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward E. Saunders

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* during Life time

*Place of Death,* {Give Street and Number.} 21 Robert St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 6th 86

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N Fremont *Address,* 515 Penna Ave

W. Rickert *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93908 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER OF DEATHS AUG 5 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mercab

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Male

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give Street and Number.} 74 Fredk Ave

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 6. 1886

*Undertaker,* Jno P Poulson

*Place of Business,* 216 Fredk Ave *Address,* 319 W Fallis Ave

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93909 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday Aug. 4 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Jones

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 26 Vincent alley

*Cause of Death,* {First (Primary), Marasmus

Second (Immediate), Exhaustion debility

*Duration of Last Sickness,* 3 Months

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 6 1886

{*Undertaker,* William A Engle

*Place of Business,* 62 East St

L D Morris *M. D.*

Medical Attendant.

*Address,* 538 W Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93910 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT
AUG 5
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug 5, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Larkin S. Cook

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 79 *Years,* 11 *Months,* *Days*

*Color,* white

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give Street and Number.} 303 Hollins St

*Cause of Death,* First (Primary), Congestion of the lungs.

Second (Immediate),

*Duration of Last Sickness,* Half a day

All the above Information should be furnished by the Physician.

*Place of Burial,* Hagerstown

*Date of Burial,* Aug 7th

*Undertaker,* Jos B Cook

*Place of Business,* 707 N Bond

J. H. B. Smith M. D.
Medical Attendant.

*Address,* 584 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4311 Transit

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 9811 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 6 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry P. Oysterhouse

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 1 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 353 Williams St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 5 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holland

*Date of Burial,* August 7

*Undertaker,* C. Ware

*Place of Business,* 52 West St

O. A. Cooke M. D.
Medical Attendant.

*Address.* 110 Fortar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93912 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} L Seamon Jacobs

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* — *2 Months,* *28 Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 104 N Central Ave.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), —

*Duration of Last Sickness,* Since its birth

All the above information should be furnished by the Physician.

*Place of Burial,* Free Point M. F. Cemetery.

*Date of Burial,* Aug 6. 1886.

*Undertaker,* Evans & Spence

*Place of Business,* Co E Balt & St

Francis A. Sauer M. D.
Medical Attendant.

*Address,* 105 N. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93913 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Labaw

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* 8 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 18 Gaulstown

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemy

*Date of Burial,* August 6 8

Thomas Earle M. D.
Medical Attendant.

*Undertaker,* Henry Brill

*Place of Business,* Henry St. 81 *Address,* 1469 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93914 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT REGISTRAR'S OFFICE BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Aidrew Heistetter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... / *Months,* ..... / *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 26 S Durham St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Ex Leucothrea

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 7 / 86

*Undertaker,* G. Franc

*Place of Business,* Pork & Wolfe Address, 200 E. Pratt

C. G. Link M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93915 — *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 4th August. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. Francis Van Sweveldt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Fifty 57 Years. *Years,* *Months,* *Days*

*Color,* White.

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* Priest.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Holland.

*Duration of Residence in the City of Baltimore,* at various times in B. & DC. Almost 30 years in this Country.

*Place of Death,* {Give Street and Number.} St. Michael's Church, Cor Balto. & Wolfe Sts.

*Cause of Death,*
First (Primary), Abscess (Peritoneal) Situated on the left Iliac Region of the rectum?
Second (Immediate), The rupture of the abscess into the peritoneal cavity producing peritonitis.

*Duration of Last Sickness,* Unknown as to the abscess - but its rupture occurred about 5 P.M. on the 3d Aug. 1886.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 6th 86

*Undertaker,* G. Evans

*Place of Business,* Bank & Wolfe Sts

Wm C. Van Bibber — M. D.
Medical Attendant.

*Address,* 47. Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93916 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 5th August 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Lampkin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester md.

*Duration of Residence in the City of Baltimore,* 56 Yr.

*Place of Death,* {Give Street and Number.} 233. Hughes St

*Cause of Death,* First (Primary), Chronic Hepatitis

Second (Immediate), Dropsy

*Duration of Last Sickness,* 11. weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cem

*Date of Burial,* Aug 6th

*Undertaker,* W B Lothamp Jr

*Place of Business,* 253. Lombard St *Address,* 146 Hill St

L. D. Dyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

## CERTIFICATE OF DEATH.

(To be Retained by Physician.) 93916

HEALTH DEPARTMENT BALTIMORE MD. AUG 6 1886

*Date of Death,* Aug 5th 1886

*Name of Deceased,* Isaiah Lampkin

*Sex, Male or ~~Female~~,*

*Age,* 65 years

*Color,* Col

*Married, ~~Single~~, Widow or Widower,*

*Occupation,* Laberer

*Birthplace,* Dorchester

*Duration of Residence in B. C.* 56

*Place of Death,* Baltimore 233 Hughes St

*Cause of Death,* First (Primary), Dropsy

Second (Immediate),

*Duration of last Sickness,* 11 Weeks

REMARKS.

W B Lothamp Jr
Undertaker 263 E. Lombard St

Laurel

See following certificate

John Murphy & Co., City Printers and Stationers.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93917 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Norman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* —— *Months,* —— *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give Street and Number.} 54 Mc Mechen St

*Cause of Death,* First (Primary), Pelvic Abscess

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* August 5th 1886

*Undertaker,* Martin Fahey

*Place of Business,* 26 & 28 Eastland

F. J. Flannery M. D.
Medical Attendant.

*Address,* 404 Dr Hillen St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9918

*Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug. 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Anderson

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* — *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore. Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 142 York St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 6 1886

*Undertaker,* Herbert Ross

*Place of Business,* 96 Eastern Ave

Spencer J. Snell M. D.
Medical Attendant.

*Address,* 112 Hanover St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ... this Certificate.

# Health Department, City of Baltimore.

Permit No. 93919 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Boston

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 1 *Months,* ... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 91 Oxford St.

*Cause of Death,* First (Primary), ...

Second (Immediate), Inanition

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Charles Street

*Date of Burial,* August 6 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St

L. M. Hall M. D.
Medical Attendant.

*Address,* 195 E. Pratt ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93920 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Edgar Myers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 27 Thames St.

*Cause of Death,* First (Primary), Thames Stomatitis

Second (Immediate), .....

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* August 8

*Undertaker,* John Flannigan

*Place of Business,* 382 Eastern Ave. *Address,* 47 E. Pratt St.

Jas. F. McShane M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
AUG 6 1886
BALTIMORE MD.

Permit No. 93921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f*... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Griffin

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* 48 *Years,* *Months,* *Da...*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 588 Lexington St. Balt...

*Cause of Death,* { First, (Primary.) Cerebral Disease
Second, (Immediate,) Comatose State & Stupor

*Duration of last Sickness,* about 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Aug 6th 1886 Thos. H. Stokes M.D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 536 W. Fayette St *Address,* 161 St. Paul St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be ... duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notic... furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificat... ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the ... son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OV...

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93922 *Office of Registrar of Vital Statistics.* Ward 7 4

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses R. Hall

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ Months, 7 wks Days.

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* nil

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 355 E. Lehman

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), asthenia.

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Augt 7. 1886

*Undertaker,* John W Jackson

*Place of Business,* Gay & Fleet Sts Address, 148 N. Eutaw

D. Hall M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93923 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Möhle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 10 *Years,* 10 *Months,* 11 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bc

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 66 Essex St.

*Cause of Death,* First (Primary), Compound Comminuted fracture of

Second (Immediate), Tetanus

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Evangelical Lm

*Date of Burial,* Aug 7th 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Av. *Address,* 477 E. Baltimore

Geo. L. Milton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93924 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 5th August 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Reifs

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 8 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* {Give Street and Number.} Alice Ann Street 408

*Cause of Death,* {First (Primary), Tetanus

Second (Immediate),

*Duration of Last Sickness,* during Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cem

*Date of Burial,* Aug 6th 1886

*Undertaker,* H. L. Snader & Son

*Place of Business,* 252 Lanvale Ave

William Howell M. D.
Medical Attendant.

*Address,* S. Wolfe & Mt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93925 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Brooks

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 2 1 *Days*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimor Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 117 Eldon Lane.

*Cause of Death,* First (Primary), Ast Coroner's Jury decided that death
Second (Immediate), was the result of suffocation, the matter having
laid upon it while she was under
the influence of Liquor.

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* West End Cemetery

*Date of Burial,* Aug 5 1886

*Undertaker,* G. H. Eschman

*Place of Business,* 30 Hanover

Frank J Flannery M. D.
Coroner. Medical Attendant.
Address, 404 Dr Hill ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93926 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Aliker (S.)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B City

*Duration of Residence in the City of Baltimore,* 1 4

*Place of Death,* {Give Street and Number.} 213 Crab St

*Cause of Death,* First (Primary), Entero-enteritis

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ohel Shalom Cemetery

*Date of Burial,* Aug 6th 1886. R. P. Coles M. D.

Medical Attendant.

*Undertaker,* Estum & Spencer

*Place of Business,* 9 E Balto St *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93927 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 6 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottlieb Nagel

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Stair Builder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 30 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 378 McHenry st

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonn Brea

*Date of Burial,* Aug 7th

*Undertaker,* John J Cowan

*Place of Business,* 89 Hollins

James Bradley M. D.
Medical Attendant.

*Address,* 319 Hollins ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

Permit No. 93928

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard H Jones

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 10 Yrs

*Place of Death,* {Give street and number.} No 1515 N. Gilmore St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) Hemorrhage from Lung

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Fair Haven

*Date of Burial,* Aug 7th 1886

*Undertaker,* Denny and Mitchell

*Place of Business,* 550 W Lafayette St

Thos. F Owens M.D.,
Medical Attendant.

*Address,* 1057 N. Paca St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93929 *Office of Registrar of Vital Statistics.* Ward 4C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 6 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Baxter

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hanford Co Md

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} 73 E. Fayette st

*Cause of Death,* First (Primary),

Second (Immediate), Apoplexy

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Augst 8 1886

*Undertaker,* Jas P Byrne

*Place of Business,* Front st

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 1211 n Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93930 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie May Miller

*Sex, ~~Male or~~ Female,* {Cross out the word not roquired in this line.}

*Age,* — *Years,* 9 *Months,* 28 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 67 Randall St.

*Cause of Death,* First (Primary), Enteritis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western C

*Date of Burial,* August 8

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* 333 Light St.

Robert S. Rowe M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93931 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 6, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann Campbell

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 23 *Years,* ~~Months~~, *Days*

*Color,* Colored

*Married,* ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Whiting & Lion Lunch

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 49 Lombard Hall Lane

*Cause of Death,* First (Primary), Bilious Fever with

Second (Immediate), Typhus Fever

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green & Loudon

*Date of Burial,* Aug 7th 1886

*Undertaker,* Robt H Moore

*Place of Business,* 138 S Eutaw St

D W Hunt M. D.
Medical Attendant.

*Address,* No 36 Lewis Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93932 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT ... BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florina Thompson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* 10 *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City, Since birth,

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} No 13. Carroll St.

*Cause of Death,* First (Primary), Pertussis,

Second (Immediate), Congestion

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 7th 1886

*Undertaker,* S. W. Leonard Son

*Place of Business,* 7 N Baltimore *Address,* ——

Wm. A. Abbott, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93933 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* August 6 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Oliver Johnson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* 4 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 14 Edward St.

*Cause of Death,* First (Primary), Bronchial Catarrh

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Aug 7 1886

*Undertaker,* William A Dugee

*Place of Business,* 62 East St

F. F. Meyer M. D.
Medical Attendant.

*Address,* 1 Dr. Expr

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1886 BALTIMORE MD.

14

a

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 5. 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Grace Oliver

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* ____ *Years,* ____ 9 *Months,* ____ *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 250 Raborg St.

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) Hydrocephaloid

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Comfort Cemetery

*Date of Burial,* August 7 1886

*Undertaker,* William A. Dugee

*Place of Business,* 62 East St

C. Edw. Janney M. D.
Medical Attendant.

*Address,* 58 N Greene St
Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93935 *Office of Registrar of Vital Statistics.* Ward 5-a

HEALTH DEPARTMENT AUG 7 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. E. R. Hunter Howard

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bullo City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 105 Hillen St.

*Cause of Death,* First (Primary), Premature birth (7 mos)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* Aug 7 1886.

*Undertaker,* Wm. H. Hickman.

*Place of Business,* 234 E. Gay St *Address,* 25 Lexington Av

J. H. Robinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93936 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1886

*Full Name of Deceased* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Weisbrodt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* 3 *Months,* 29 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cooper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Streot and Number.} 116 Leadenhall St.

*Cause of Death,* First (Primary), Senile Marasmus

Second (Immediate),

*Duration of Last Sickness,* 10 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 8th 1886

Wm Gonbel M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharpe Cross & *Address,* 170 S. Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 93037 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 5 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lena Schreiber

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* 2 *Months.* 0 *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Berg Rheinfall - Bavaria Germany

*Duration of Residence in the City of Baltimore.* 31 years

*Place of Death,* {Give Street and Number.} 397 W. Fayette St.

*Cause of Death,* First (Primary), Femoral Hernia

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sct. Alphonsus

*Date of Burial,* Augst 8th 1886.

*Undertaker,* M. Seewald

*Place of Business,* 35 S. Eutaw St. *Address,* 397 W. Fayette St.

A F Kyrosse M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 93958 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Daiger

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 5 Years, 6 Months. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Salesman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 27 Argyle ave

*Cause of Death,* First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* Aug. 9, 1886

*Undertaker,* M. F. Daiger

*Place of Business,* 74 S. Broadway

J H Markland M. D.
Medical Attendant.

*Address,* 1 Edmondson Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9393 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 6th. August 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Jaskolska.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give Street and Number.} S. Ann Street 226.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* N. Athenaeum Cemetery

*Date of Burial,* August 7. 86

William Henkel M. D.
Medical Attendant.

*Undertaker,* Fell & Brashears

*Place of Business,* 215 E Baltimore St *Address,* S. Wolfe & Ann

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93940 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Sullivan

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} F

*Age,* 52 *Years,* — *Months,* — *Days*

*Color,* W

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philada

*Duration of Residence in the City of Baltimore,* Constant

*Place of Death,* {Give Street and Number.} 411 Eastern Avenue

*Cause of Death,* First (Primary), Asthenia

Second (Immediate), —

*Duration of Last Sickness,* About 2 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Aug 9th 1886

*Undertaker,* M. Delaney & Co

*Place of Business,* 92 Dillon

G. W. Dutton M. D.
Medical Attendant.

*Address,* 51 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93941 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Storm

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* ... *Years,* 1 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 1½ Ills

*Place of Death,* {Give Street and Number.} N. Chas Hospital

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 7.

*Undertaker,* C. H. Blizzard

*Place of Business,* 20 Penn

J. W. McClelland M. D.
Medical Attendant.

*Address,* 1 E Monument ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93742 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H Williams

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 30 *Years,* 0 *Months,* 0 *Days.*

*Color,* Dark brown

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Married ✓

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond Va "

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} No 88 Pierce st

*Cause of Death,* First (Primary), Congestion of Lungs

Second (Immediate), Abscess of Lung

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Aug 9th 86

*Undertaker,* W. J. Gray

*Place of Business,* 66 Mulberry

Benj H Bohrer M. D.
Medical Attendant.

Address, cor of Granby & Mulberry sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 23943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Gorman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 12 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Calvert County

*Duration of Residence in the City of Baltimore,* Four Months

*Place of Death,* {Give street and number} Rear 45

*Cause of Death* {First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Aug 7th 1886

*Undertaker,* Wm J Gill

*Place of Business,* 65 — Alley

Julius Hall M. D.
Medical Attendant.

*Address,* .....

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93944 *Office of Registrar of Vital Statistics.* Ward 19 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 7 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Powell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 96 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 562 Lexington

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 7/86

*Undertaker,* Denby & Mitchell

*Place of Business,* 556 W Fayette

D. A. O'Brien M. D.
Medical Attendant

*Address,* 38 N. Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93945 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug. 6th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May E. Richards.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 1 *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 349 N. Ann St.

*Cause of Death,* First (Primary), Diphtheria.

Second (Immediate),

*Duration of Last Sickness,* About 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* August 7 1886

J. M. Bible *M. D.*
Medical Attendant.

*Undertaker,* John W. Jackson

*Place of Business,* Coy & Conclin *Address,* 347 N. Broadway.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93946 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 6. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretta Konieck.

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} #53 Division Street

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} #53 Division Street

*Cause of Death,* First (Primary), Indigestion & Stomach

Second (Immediate) Acute Meningitis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 8/86

*Undertaker,* Chas. F. Scriven

*Place of Business,* 271 N. Eutaw *Address,* Bolair Avenue

D. J. Martinet, M. D.
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 93947 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 6 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Vernay

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* — *Years,* 10 *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Infant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* {Give street and Number.} 50 Mc Mechin

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemt

*Date of Burial,* Aug 8th 1886

*Undertaker* J E Murphy & Co

*Place of Business,* 218 Fremont Ave *Address,* 506 Madison Ave

J. W. Christian M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93948 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 7 1886
BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Brack

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 14 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Forrest & Lemor

*Cause of Death,* First (Primary), Entero Colite

Second (Immediate), Asthenia

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug 8th 1886

*Undertaker,* Evans & Spence

*Place of Business,* No 60 E. Balt St *Address,* 114 Park Ave

F. E. Shadd M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93949 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 6th 1886 1:30 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James White

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Driver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give Street and Number.} 119 Eastern av.

*Cause of Death,* First (Primary), Alcoholism -

Second (Immediate), Mania a Potu - Convulsions

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* August 8. 1886

*Undertaker,* Henry McGinnis

*Place of Business,* 8 N. Central Ave

Chas Jas Bibbins M.D.
Medical Attendant.

Address, 7 Franklin St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93950 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 20 Months, Days

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 22 Ryan Ct.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Sum (?) Week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 7th 1886

*Undertaker,* W J Cadogan

*Place of Business,* 221 Mulberry St

J. L. Shinn M. D.
Medical Attendant.

*Address,* 39 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 93951

*Office of Registrar of Vital Statistics.*

10c

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 7 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis E. Backman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* 4 *Months,* *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 270 Mulberry St

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Peritonitis from perforation

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* Aug. 9th 1886

*Undertaker,* W. Cadogan

*Place of Business,* 227 Mulberry St.

Archer Atkinson M.D.,
Medical Attendant.

*Address,* 119 N Charles

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93952 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HARRY DEBARR KEY
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

a

*Date of Death,* Aug. 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Grayson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 64 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Brick Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 166 Henrietta st

*Cause of Death,* First (Primary), Old age

Second (Immediate), Genual debility

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cemetary

*Date of Burial,* Aug 8th 1886

*Undertaker,* Sam'l W. Chase

*Place of Business,* 198 S. Howard st *Address,* Hanover st.

R. C. Lee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93953 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1886 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Smith

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germanny.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} St. Josephs Hospital.

*Cause of Death,* First (Primary), Old age

Second (Immediate), Acute Pneumonia

*Duration of Last Sickness,* About a week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Aug 9th 86

*Undertaker,* Henry McGinnis

*Place of Business,*

Oscar J. Cochey M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93952 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah Walker

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* — *Days*

*Color,* BL

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Md,

*Duration of Residence in the City of Baltimore,* 26 yrs

*Place of Death,* {Give Street and Number.} 15 E Lanvale St.

*Cause of Death,* First (Primary), Hemiplegia

Second (Immediate), —

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 8th

*Undertaker,* John E Grace

*Place of Business,* 442 S Caroline St

G. W. Patton M. D.
Medical Attendant.

*Address,* 51 E Bradway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93955 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Pauline Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 57 Sassafras St

*Cause of Death,* First (Primary), Phthisis Pulmonis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Aug 9th 1886

*Undertaker,* Wm J Fickus

*Place of Business,* 65 S Eutaw St *Address,* 134 Columbia Ave

Geo R Graham *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93956 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Otte

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 1934½ S. Charles St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Augt. 8

*Undertaker,* H. Brisle

*Place of Business,* 81 Henrietta *Address,* 1460 Hanover

by Thomas Cooke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93957 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1886

*Full Name of Deceased,* {White legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* *Days.*

*Color,* Colo

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} # 53 West St Balto

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give Street and Number.} # 6 Cole 4

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* Whole life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Grn

*Date of Burial,* Aug 7th 86

*Undertaker,* Wm Dunger

*Place of Business,* Hartin M.C.

R. C. Smith M. D.
Medical Attendant.

*Address,* # 116 Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 23958 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Glantz

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 266 S. Dallas St.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug 8th 86

*Undertaker,* J. G. Finance

*Place of Business,* Pratt & Wolfe Sts. *Address,* 50 So Broadway

R. W. Manstead M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 96959 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Voglman B
Charles

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ 4 Months, 7 Days.

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore died

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 341 Hamburg St.
Hamburg

*Cause of Death,* First (Primary), Gastro Intestinum

Second (Immediate),

*Duration of Last Sickness,* From (4) Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 8th 1886

*Undertaker,* Armstrong & Lenny

*Place of Business,* 263 Light St

H. L. Grau M. D.
Medical Attendant.

*Address,* 817 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 23760 *Office of Registrar of Vital Statistics.* Ward 20 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Kohlepp (Kohlepp)

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life residence

*Place of Death,* {Give Street and Number.} 76 Penna. avenue

*Cause of Death,* First (Primary), —

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Three (months)

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemty

*Date of Burial,* Aug 8 1886

*Undertaker,* A Rosenberger

*Place of Business,* 61 Park Ave

Louis W. Knight M. D.
Medical Attendant.

*Address,* 112 N Green St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93761 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. A

*Date of Death,* Aug. 6th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermann Moore

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 11 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number} No. 66 Essex St

*Cause of Death,* First (Primary), Croup

Second (Immediate),

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical Lem.

*Date of Burial,* Aug. 8. 1886

*Undertaker,* H. Sauder & Son

*Place of Business,* 252 Caroline St *Address,* 66 Essex St

W. H. Keating M. D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93162 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt. 7/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Braxton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23. *Years,* *Months,* *Days.*

*Color,* Cd.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} 26 Vincent alley

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate),

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 8th 1886 G. W. Storrs M. D.

Medical Attendant.

*Undertaker,* Alex. Hensley

*Place of Business,* 116 Orchard *Address* 193 Preston st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

11
12
C

Permit No. 93963 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rosie Smith

*Sex,* ~~Male~~ or. *Female,* {Cross out the word not required in this line.} .....

*Age,* About 1 *Years,* ..... *Months,* ..... *Days,*

*Color* Cd .....

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 35 Camels al

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* .....

the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 8. 1886

*Undertaker* Alex Hennely

*Place of Business* 1160 Orchard St

Henry Chandlee M. D.
Medical Attendant.

*Address,* 181 Linden Av

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 93764 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Bridget Madigan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} ?

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 30 yrs

*Place of Death,* {Give Street and Number.} 110 N. Schroeder

*Cause of Death,* First (Primary), Consumption

Second (Immediate) { was attended at the clinic of the University Dispensary

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 9th

*Undertaker,* John J Looney

*Place of Business,* 89 Hollins *Address,*

Chas E Sadtler M. D.
Dispensary Physician
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93765 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Salvatorii

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, Nine *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ohio

*Duration of Residence in the City of Baltimore,* Six months

*Place of Death,* {Give Street and Number.} No. 5 Tiesier St.

*Cause of Death,* First (Primary), Gastritis, acute

Second (Immediate), bowel-ewins

*Duration of Last Sickness,* Fine days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem't

*Date of Burial,* Aug 8th 1886

*Undertaker,* J.E. Mongh & Co

*Place of Business,* 298 Fremont Av

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93966 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} private Hatel Geo Dilker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 8 hours *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 110 Sargeant St

*Cause of Death,* First (Primary),

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn

*Date of Burial,* Aug 8th 1886

*Undertaker,* J E Monahan

*Place of Business,* 298 Penna Ave *Address,* 158 Front St

Wm H. Hunt *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93967 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw Rooney

*Sex, Male or Female,* {Cross out the word not required in this line.} B

*Age,* 38 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 285 S. Eutaw

*Cause of Death,* First (Primary), Cirhosis of Liver

Second (Immediate), Dysentery

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 9 1886

*Undertaker,* C. F. Kreuz & Son

*Place of Business,* 209 Hanover *Address,* 15 N Hanover St

J. C. Bench M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93768 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1896 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Steinhardt

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 166 Hanover St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Dodd's Cemetery

*Date of Burial,* August 9 1896

*Medical Attendant.* [illegible] M. D.

*Undertaker,* C. F. Kraemer

*Place of Business,* 204 Hanover *Address,* 121 Hillen

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93969 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 8 1903 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug ~~July~~ 7th 1903

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mothers Name Blank Revised Mary Alice Cook

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 84 St. Mary's St

*Place of Death,* {Give Street and Number.} Smith's Court in rear of

*Cause of Death,* First (Primary), .....
Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* About 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Weston Public Cem.

*Date of Burial,* Aug 8th 1903

*Undertaker,* F Kirchner

*Place of Business,*

L G Spanow M. D.
~~Medical Attendant.~~ Coroner

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9397 D *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Graeffin

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* 23 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 212 Hanover St.

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate), Marasmus

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 9 1886

Wm Goebel *M. D.*
Medical Attendant.

*Undertaker,* C. F. Krumm & Son

*Place of Business,* 209 Hanover *Address,* 170 S. Sharp St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93971 *Office of Registrar of Vital Statistics* Ward 18th

HEALTH DEPARTMENT AUG 7 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Elliott

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* 3 *Years,* *Months,* *Days*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 373 West St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Diarrhoea.

*Duration of Last Sickness,*

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 9 1886

C. S. Bond M. D.
Medical Attendant.

*Undertaker,* Herc Cules Ross

*Place of Business,* 95 East Main St *Address,* 119 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 98972 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 9 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Davis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days*

*Color,* Blk

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City ~~Virginia~~

*Duration of Residence in the City of Baltimore,* 26 yrs

*Place of Death,* {Give Street and Number.} 69 Church Ln

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 9 1886

*Undertaker,* Herbert Ross

*Place of Business,* 95 Courtland St

R. H. Ellis M. D.
Medical Attendant.

*Address,* Towne & Mullikin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 23973 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Flood,

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1 Plum Berry St.

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis

*Duration of Last Sickness,* 3 days ?

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* August 9

*Undertaker,* B. Walls

*Place of Business,* 82 West St. *Address,* 152 Sharp St.

R. J. H. Tall, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 99974 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Vodicka

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* 3 *Months,* *Days.*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tailor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} 31 Barnes St

*Cause of Death,* First, (Primary.) Phthisis Pulmonales

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Ten weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus and

*Date of Burial,* August 3d 1886

*Undertaker,* Frank Lvach

*Place of Business,* 249 N. Durham St

E George Walls M.D.,
Medical Attendant.

*Address,* 86 W Pratt

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93975 *Office of Registrar of Vital Statistics* **Ward** 18

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Barbara Rinehard

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 10 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 96 Fredk ave

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Inflammation of brain

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 9th 1886

*Undertaker,* Wm P Lantz

*Place of Business,* 66 Fred Ave *Address,* 319 Hollins Ave

Thos Bailey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remark... ow, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93976 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marchael Weil

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Three *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 101 Columbia Avenue

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Fells Point H. F. Cemetery

*Date of Burial,* Aug. 9. 1886.

*Undertaker,* Evans & Spencer

*Place of Business,* 60 E Balto. St.

John Morris M. D.
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93977 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not named only a few hours Son of Mr & Ella B. Bodenwick

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* only 4 or 5 hrs *Years,* old *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 15-8 N Schroeder St

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 15-8 N Schroeder St

*Cause of Death,* First (Primary), Premature birth only 7 month

Second (~~Immediate~~), ~~—~~

*Duration of Last Sickness,* only few hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem.

*Date of Burial,* Aug 9th 1886

*Undertaker,* H Lewis Schaefer

*Place of Business,* 189 N Fremont St

J H Hill M. D.
Medical Attendant.

*Address,* 20 Edmondson Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93978 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. S. Murray Frederick

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Cigar Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 113 N Fremont

*Cause of Death,* First (Primary), Bright Disease, Heart Disease

Second (Immediate), Genuae anasarca (Oedema of lungs)

*Duration of Last Sickness,* 6 Mo

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug. 9th 1886

*Undertaker,* H. Lewis Schaefer

*Place of Business,* 109 N Fremont St *Address,*

Geo. R. Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93979 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Troffinger

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 12 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 266 S. Eutaw St

*Duration of Residence in the City of Baltimore,* Yrs

*Place of Death,* {Give Street and Number.} 266 S. Eutaw St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion Infantum

*Duration of Last Sickness,* Over 3 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 9 80

*Undertaker,* P. J. Dill & Son

*Place of Business,* 189 Columbia Av. *Address,* 280 Lexington St

A. D. Kremin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93980 *Office of Registrar of Vital Statistics.* Ward 17.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Bowman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 5 Months, 16 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 257 Battery Ave

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* August "9" 1886

*Undertaker,* J. Hasle

*Place of Business,* 82 West St

Robert E. Lowe M. D.
Medical Attendant.

*Address,* 333 Light St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93981 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 84

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Donaldson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 7 *Months,* 27 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 34

*Place of Death,* {Give Street and Number.} Hall's Yard St

*Cause of Death,* First (Primary), Phthisis Pulmonalis (Acute)

Second (Immediate),

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* August 9

*Undertaker,* B Ward

*Place of Business,* 82 West St

R H Ellis M. D.
Medical Attendant.

*Address,* 313 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within y-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause e of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT
AUG 1886
BALTIMORE MD

Permit No. 93982 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Zeidelmann

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 1 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 27 Jones al.

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), .....

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* August 9th 1886

*Undertaker,* L. Hale

*Place of Business,* # 82 West St

Jno R Smith M. D.
Medical Attendant.

*Address,* 281 E Chase St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93983

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith M. Nelson

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 5 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 52 Broom St (Bloo

*Cause of Death,* First, (Primary,) Basilar Meningitis.

Second, (Immediate,) Inanition.

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* August 9th 1886

Alfred Vanstaal M. D.
Medical Attendant.

*Undertaker,* John J. Andrews

*Place of Business* No 476 Druid Hill Ave

*Address,* 278 N Eutaw St.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93984 *Office of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezra Lake

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* Two *Months,* 0 *Days.*

*Color,* Dark brown

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Two Months

*Place of Death,* {Give Street and Number.} No 191 Chent St City

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Meningitis

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 9th 86

*Undertaker,* W. J. Grant

*Place of Business,* 65 Mulberry

Frey Fellbaum M. D.
Medical Attendant.

*Address,* Cor Green & Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93985 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wilson

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days*

*Color,* Black

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Wash woman.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimor

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 4 Dawson alley.

*Cause of Death,* First (Primary), Apoplexy (supposed so)

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Aug 10 1886

*Undertaker,* Wilhelm Dreyer

*Place of Business,* 62 East Street

Frank J Flannery M. D.

Coroner ~~Medical Attendant~~

*Address,* 404 Dr. Hillen.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

+

# Health Department, City of Baltimore.

**Permit No.** 23986 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 6th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sumner Walter Biddel

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.} Male

*Age,* One *Years,* Seven *Months,* ~~~ *Days.*

*Color,* Colored

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.} ✓

*~~Occupation,~~*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City ~~~

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 235 Dover Street

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Marasmus

*Duration of Last Sickness,* Three weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel cemetery

*Date of Burial,* Augt 10th/86

*Undertaker,* Wm Dunlap

*Place of Business,* East 8th

*Address,* Camp 76 & N

Thomas S. Cullen M. D.
~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

H. C. Seward S. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93987 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Smelter

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 2 *Years,* 2 *Months.* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City Since Birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} * 209 S. Bethel St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cem.

*Date of Burial,* August 8 8

{ *Undertaker,* F. C. Broskowski.

{ *Place of Business,* 215 S Bond St. *Address,* 243 Aliceanna

John H. Rehlaender M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 93988 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Emma Smick

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 8 *Days*

*Color,* W—

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S—

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 262 N Bond Street

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Meningitis

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem.

*Date of Burial,* August 9, 1886

Chas. H. Morfit M. D.
Medical Attendant.

*Undertaker,* Henry McG. Gibbons,

*Place of Business,* 427 N. Central Ave *Address.* 67 E. Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

3rd

*Permit No.* 93989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9 - 86.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Klein

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* Col *Sex,*

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 84 N. Durham St.

*Cause of Death,* { First (Primary,) Scarlet fever
Second (Immediate,) Convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 9 1886

{ *Undertaker,* Alex Hensely
{ *Place of Business,* 1160 Orleans St

W. Gross *M. D.*
Medical Attendant.

*Address* 137 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore.

Permit No. 93990

*Office of Registrar of ~~Vital Statistics.~~*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* 8. August 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Hübschmann

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* 10 *Months,* 23 *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bavaria, Germany

*Duration of Residence in the City of Baltimore,* 41 years

*Place of Death,* {Give street and number.} No 11. N. Wolf ste.

*Cause of Death,* First, (Primary.) Neuralgia cordis.

Second, (Immediate.) Hydrothorax.

*Duration of Last Sickness,* 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* W Holy Redeemer

*Date of Burial,* Aug 10

*Undertaker,* H Dieterich

*Place of Business,* 167 S Bond

Robert Guthrie M.D.,
Medical Attendant.

*Address,* 121 N. Broadway.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 23991 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina M Massey

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 2 *Days.*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 205 Etting Street

*Cause of Death,* First (Primary), Asthenia

Second (Immediate), Convulsions

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Church St. Cemetery

*Date of Burial,* Aug 8th 1886

*Undertaker,* L. Ehrose

*Place of Business,*

James Simms M. D.
~~Medical Attendant.~~

*Address,* Edgar & Eutaw Streets

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93992 *Office of Registrar of Vital Statistics,* Ward 20 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Notley & Mary Young (Parents)

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Dring Life

*Place of Death,* {Give Street and Number.} 455 Parrish Alley

*Cause of Death,* First (Primary), Jaundice

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 9 1886

*Undertaker,* Geo Kennedy

*Place of Business,* 1160 Orchard St *Address,* 515 Penna Ave

J. F. Ricketts M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 93993 *Office of Registrar of Vital Statistics.* Ward 3"

HEALTH DEPARTMENT
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt, 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Egan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 5 *Months,* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City Md

*Duration of Residence in the City of Baltimore,* 5 Mo

*Place of Death,* {Give Street and Number.} 41 Hanover Alley

*Cause of Death,* First (Primary), Asthenia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* August 9th 1886

*Undertaker,* Peter Frey

*Place of Business,* 91 Eutaw Ave

Wm H. Kemp M. D.
Medical Attendant.

*Address,* 157 E. Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93994 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug - 9 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion —

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemet.

*Date of Burial,* Aug. 10. 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St

R. H. Goldsmith, M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 93993 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1886 BALTIMORE MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Gleeson —

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — 1 Year, 8 Months, — Days

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~;* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* {Give Street and Number.} No - 11 Lemmon St.

*Cause of Death,* {First (Primary), Teething - Rubeola -

Second (Immediate), Diarrhea —

*Duration of Sickness,* about 7 days -

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 9th 1886

*Undertaker,* W. Cadogan

*Place of Business,* 227 Mulberry St. Address, Harlem av. & Calhoun st.

R. H. Goldsmith — M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 93996 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Zotter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 53 yrs.

*Place of Death,* {Give Street and Number.} 322 N Caroline St.

*Cause of Death,* First (Primary), Angina pectoris

Second (Immediate), Paralysis of heart

*Duration of Last Sickness,* About 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug. 10. 1886

*Undertaker,* M. F. Hayes

*Place of Business,* 74 S. Bway

Geo. A. Hartman M. D.
Medical Attendant.

*Address,* 305 N Caroline St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93997 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mills

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 6 *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 262 East Lombard n

*Cause of Death,* First (Primary), ....

Second (Immediate), Marasmus

*Duration of Last Sickness,* 4 mons

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester Co. Md

*Date of Burial,* August 10 th

*Undertaker,* W. P. Blatchamp

*Place of Business,* 253 E. Lombard

Jno C Benzinger M. D.
Medical Attendant.

*Address,* Sunday afternoon

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Transit 4314

...y of Baltimore will make ...
... Saturday of e...

No. 9399

The Special... is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 93998

## *Office of Registrar of Vital Statistics.*

Ward C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 9 1886
BALTIMORE, MD.

Bor
D.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hoeder

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 75 *Years,* ... *Months,* ... *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give Street and Number.} N. Castle near Monument

*Cause of Death,* First (Primary), Enlargement of Prostata

Second (Immediate), Uraemia

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Balti Cemetry

*Date of Burial,* Aug 10 86

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 N. Eutaw St *Address,* 24 S. Baltimore St

J. Statter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...l Attention of Physicians

No. 93999

...e Special Attention of ... Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

# Board of Health, City of Baltimore,

Permit No. 93999 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 9
BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Koutuca,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3/

*Place of Death,* {Give street and Number.} 33 Burke St

*Cause of Death,* First (Primary), Morbus Brightii

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Year

the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Aug 11-th

*Undertaker* Wm. McClave

*Place of Business,* 255 Aliceanna

Sylvester Wiant M. D.
Medical Attendant.

St
*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Keepers of Cemeteries in City of Baltimore will make returns of all [illegible] for Burials, to the Office whence issued, Saturday of each week.

The Co-operation of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94000 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8: 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J. Martin

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 89 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 69 Years

*Place of Death,* {Give Street and Number.} 206 Madison Ave

*Cause of Death,* First (Primary), Asthenia

Second (Immediate),

*Duration of Last Sickness,* 48 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Aug 10 1886

*Undertaker,* J. B. Cook

*Place of Business,* 767 W. Balto St *Address,* 201 Mad. Ave

C. C. Miller M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d[illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fur[illegible] within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting f[illegible] far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person decease[illegible] the cause and date of death.

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

# Health Department, City of Baltimore.

Permit No. 94001 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B.

*Date of Death,* 9th Aug. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin J. Chaney

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 6 Parish st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* aug 10th 1886

*Undertaker,* Jos B Cook

*Place of Business,* 1707 N Balt st

J. McH. Hood M. D.
Medical Attendant.

*Address,* 674 W. Fayette st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. 9400 2

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 9400 2 ~~Office~~ *of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CHAS. PORTEUS AUG 9 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 9th Aug. 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace L. Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 947 W. Balt. st.

*Cause of Death,* First (Primary), Whooping cough

Second (Immediate), Diphtheroid Croup

*Duration of Last Sickness,* Three days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Prince George County B. & O. R.R.

*Date of Burial,* August 11th

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. st. *Address,* 594 W. Fayette "

John Hood, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

Transit No. 4315

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94003

## Office of Registrar of Vital Statistics.

Ward 2 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1886 BALTIMORE

# CERTIFICATE OF DEATH.

B

*Date of Death,* Aug. 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hearn

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* 23 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 395 S. Bond St.

*Cause of Death,* First (Primary), Exhaustion

Second (Immediate), Bronchitis

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial* Aug 12th

*Undertaker,* Wm Riordan

*Place of Business,* 258 Aliceanna

G. G. Cook M. D.
Medical Attendant.

*Address,* 1000 S. Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 94004

# Health Department, City of Baltimore.

Permit No. 94004

## *Office of Registrar of Vital Statistics.*

Ward 6?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT CITY OF BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* 9th. August 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anny Cerri

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore. City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} N. Duncan Alley 32.

*Cause of Death,* First (Primary), } Tetris Convulsivus

Second (Immediate),

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus cemetery

*Date of Burial,* August 10th 1886

*Undertaker,* Frank. Evach

*Place of Business,* 249 N. Durham

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe 117

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94005

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94005 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth E. Davis

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 652 Light St.

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 11th 1886

*Undertaker,* John S. Mackie

*Place of Business,* No 150 Lombard

H. H. Weber M. D.
Medical Attendant.

*Address,* 298 W. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 94006

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* ~~July~~ 9. 1886 August

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Köhling

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* 1 *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* House keeping

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and number.} N. Eden St No. 15

*Cause of Death,* First, (Primary.) Gangrene (Cause: Compression

Second, (Immediate.) Pyämie

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* 11th of August, 86

*Undertaker,* Henry Kofman

*Place of Business,* 22 S. Eden St *Address,*

C. H. Dick M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 94007

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94007 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug. 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kepler (Keebler)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 3 yrs E Shaw's Lane

*Place of Death,* {Give Street and Number.} 396 E Shaw's

*Cause of Death,* First (Primary), Evolve Infantum Mentalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 11 1886

*Undertaker,* John W Jackson

*Place of Business,* Geo W. Cordell Address, 364 N Bway

A L Gaar M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94008

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94008 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10 84

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 5 Mts

*Place of Death,* {Give Street and Number.} 16 & Montgomery sts

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 11th 1884

*Undertaker,* Armstrong Bro

*Place of Business,* 263 Light

R. P. Ellis M. D.
Medical Attendant.

*Address,* 315 Light

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within y-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as be can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause e of death. [OVER.]

No. 9 4009

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore.

**Permit No.** 94099 *Office of Registrar of Vital Statistics.* **Ward** 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. B

*Date of Death,* Aug. 8 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jadie Boyd

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 3 *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* {Give street and Number.} 491 Park Ave

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), " "

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Aug 10th 1886

*Undertaker* Stewart & Mowen

*Place of Business* 35 Park ave & Mt Royal & Boundary aves

J. H. Christian M. D.
Medical Attendant.

*Address,* 506 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 9401 0

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 9401 0 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 9/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kelson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 4 *Months,* — *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ettng St. near Pratt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 191 Ettng near Pratt

*Cause of Death,* First (Primary), Morbus Cerulens

Second (Immediate),

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 10/86

*Undertaker,* Ale Hunsley

*Place of Business,* 116 Orchard St *Address.* 193 Pratt

G W Imus M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9401

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 9401 ; *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbina Trauerman

*Sex,* ~~Male~~ or *Female,* { Cross out the word not required in this line. }

*Age,* 80 *Years,* 3 *Months,* *Days,*

*Color,* White

*Married,* ~~*Single,*~~ *Widow* or ~~*Widower,*~~ { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany.

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* { Give street and Number. } 243 E. Lombard St

*Cause of Death,* First (Primary), Failure

Second (Immediate), Old Age

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Fells Point P. M. Cemetery

*Date of Burial,* Aug 11. 1886.

*Undertaker* Evans & Spence

*Place of Business,* 60 E. Balto St. *Address,*

E W Elam M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9401 2

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9401 2 *Office of Registrar of Vital Statistics.* Ward 17 Cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Knecht

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 8 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 62 Montecello St

*Cause of Death,* First (Primary),

Second (Immediate), Inflammation of Brain

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 11th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* Hanover St

R. C. Lee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 94013

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94013 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

17

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9 - 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Struth

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 6 *Months,* ... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto: City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} Nursery & Child Hospital

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Londen Park

*Date of Burial,* Aug 10

*Undertaker,* C. H. Blizard

*Place of Business,* 201 Pennsylvania Ave

J. M. Hundley M. D.
Medical Attendant.

*Address,* 22 W. Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9401[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94014 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John James Casey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ ~~*Widow or Widower*~~ {Cross out the words not required in this line.} ✓

*Occupation,* Potter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give ~~Street and~~ Number.} 206 E. Lombard St.

*Cause of Death,* First (Primary), Pulmonary Tuberculosis

Second (Immediate), asthenia.

*Duration of Last Sickness,* about Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* August 10th 86

*Undertaker,* Daniel Kilgus

*Place of Business,* 102 West St

Jno. S. Lynch M. D.
Medical Attendant.

*Address,* 1 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94015

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94015 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Dead Aug. 8th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bladen F. Sulany

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* 11 *Months,* 7 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 351 Fort Ave

*Cause of Death,* First (Primary),

Second (Immediate), Dilatation of the Heart.

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* August 10

*Undertaker,* J. Ward

*Place of Business,* 82 West

Robert S. Lowe M. D.
Medical Attendant.

*Address,* 333 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 94016

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94016 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Louis Russell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 4 *Days.*

*Color,* Col

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 183 Lemmon Alley

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Aug 10/86

*Undertaker,* A J Ross

*Place of Business,* Conway St *Address,*

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. E. Roberts Sanit. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Dise[illegible] on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 94017 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 10
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* August 9-1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casandra Peterson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 85 *Years,* 10 *Months,* 27 *Days,*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

*Duration of Residence in the City of Baltimore,* 80 Years

*Place of Death,* {Give street and Number.} 19 N. Eutaw St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Advanced age & General Deterioration

*Duration of Last Sickness,* 2 weeks of final forces

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* August 11. 1886

*Undertaker,* John Lake

*Place of Business,* 204 E Balto. St.

Jno. F. Powell M. D.,
Medical Attendant.

*Address,* 309 St. Paul St. East

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 94018

# Health Department, City of Baltimore.

Permit No. 94018

## Office of Registrar of Vital Statistics.

Ward 1 SL 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Howard

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 2 Months, 18 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 140 W. Truxton alley

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 10 '88

*Undertaker,* H. Sanderson Sons

*Place of Business,* 252 Eastern Ave. *Address,* 46 S. Paca St.

James A. Shaw M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7407

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9407 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Beth Ruth

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 22 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1047 Fountain St

*Cause of Death,* First (Primary), Peritonitis

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 11th 1886

*Undertaker,* H C Handy & Son

*Place of Business,* 252 Caroline St

M. D.,
Medical Attendant.

*Address,* 246 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 94020

# Health Department, City of Baltimore.

Permit No. 94020

## *Office of Registrar of Vital Statistics.*

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Boesched

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 7 Wks *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 345 S. Sharp St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 7 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 11 1886

*Undertaker,* Walter Dunnel

*Place of Business,* 315 W Biddle

Frank J. Flannery M. D.
Coroner
Medical Attendant.

*Address,* 404 Dr. Hill Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94021

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94021 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 10 1886, BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 16th /86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Roeder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Years, 5rd Months, Days.

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 114 William Street

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate), Spasms

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Augt 12 /86

*Undertaker* B Hurley

*Place of Business,* West St. *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

H. C. Seward. J. P.

# Board of Health, City of Baltimore, 14

OFFICE OF REGISTRAR OF VITAL STATISTICS

*Permit No.* 9408[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

AUG 11 1886 HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Jones

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 7 *Days.*

*Color,* *Sex,*

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 127 Harmony Lane Staunton

*Cause of Death,* {First (Primary,) Cholera Infantum
Second (Immediate,)

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 11th

Thomas E. Sears M. D.
Medical Attendant.

*Undertaker,* John J Cowan

*Place of Business,* 89 Hillen st *Address* 89 N. Greene St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

No. 9402[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94023 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank. Kosuski

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 4 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 416. Abbott. St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 1. week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Aug 11th 1886

*Undertaker,* F. Leach

*Place of Business,* 249. N. Durst *Address,* Eutaw & Pratt

James A. Steuart M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John M. DeGorz Inspector

[over.]

No. 94024

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94024 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

AUG 11 [illegible] DEPARTMENT

*Date of Death,* August 10/84

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Joseph & Lena Cooper

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 5 Minutes Days

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 181 E Balto St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 181 E Balto St

*Cause of Death,* First (Primary),

Second (Immediate), Lee Back. (Difficult Labor)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Russian Cemetery Belair Rd

*Date of Burial,* Aug 11/84

*Undertaker,* D. Lamb Lyman

*Place of Business,* 112 N. Howard St

Abr. Pretheyer M. D.
Medical Attendant.

*Address,* 68 E Balto St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 97025

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 97025

*Office of Registrar of Vital Statistics.*

Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD.
AUG 11 1886
HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann J. Turner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 84 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 329 E. Pratt st.

*Cause of Death,* First (Primary), Senility

Second (Immediate), Paralysis

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 11th/86

*Undertaker,* Wm S. Fry

*Place of Business,* 518 Broadway

Geo. A. Hartmann M. D.
Medical Attendant.

*Address,* 305 N. Caroline st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94026

## *Office of Registrar of Vital Statistics.*

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. 74

*Date of Death,* Aug 10th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Smith

~~*Sex, Male*~~ *or Female,* {Cross out the word not requlred in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* white.

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not requlred in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Easton, Maryland.

*Duration of Residence in the City of Baltimore,* 4 Months.

*Place of Death,* {Give Street and Number.} Maternite, 161 W. Lombard St.

*Cause of Death,* First (Primary), Puerperal Peritonitis,

Second (Intermediate), Asthenia

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bal[illegible]

*Date of Burial,* Aug 11

*Undertaker,* Wm I Schaffer

*Place of Business,* 6 S Front St

L. F. Anstine, M. D.
Medical Attendant.

*Address,* 161 W Lombard St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94027

*Office of Registrar of Vital Statistics.*

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. HEALTH DEPARTMENT

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Thomas

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 82 Yr. *Years,* 3 *Months,* *Days.*

*Color,*

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

*Duration of Residence in the City of Baltimore,* 34 yrs

*Place of Death,* {Give Street and Number.} 490 Madison Avenue

*Cause of Death,* First (Primary), Asthenia

Second (Immediate), Bilious Diarhoea

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Ennon

*Date of Burial,* Aug 12th 1886

*Undertaker,* Kell Eustler Bro

*Place of Business,* Park Ave & Laf Ave Address, 306 N. Eutaw St

Chas. Fr. Fiet M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94028 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1886 BALTIMORE, MD.

*Date of Death,* August 11 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Lamp.

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* 3 *Months,* —— *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Potts City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} N. W. Cor. Columbia & Fremont Ave.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* August 12 86

*Undertaker,* Ph. J. Dill & Son

*Place of Business,* 183 Columbia Ave

Wm F Eldridge M. D.
Medical Attendant.

*Address,* Cor. Columbia & Fremont Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94029 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Kaiser

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 78 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Years

*Place of Death,* {Give Street and Number.} 46 Hanover St

*Cause of Death,* First (Primary), Inflammation of the Bronchi

Second (Immediate), Coma.

*Duration of Last Sickness,* 4 days P.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 12. 1886 J R Hurst M D.

Medical Attendant.

*Undertaker,* Henry Mc Gunnigle

*Place of Business,* No 8 N Central Av *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94030 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Patterson,

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 11 M. *Years,* *Months,* *Days.*

*Color,* W.

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City;

*Duration of Residence in the City of Baltimore,* Since Birth,

*Place of Death,* {Give Street and Number.} 666 492 W. Balto. St.,

*Cause of Death,* First (Primary), Placenta Previa,

Second (Immediate), Acute + Post-Partum Hemorrhage

*Duration of Last Sickness,* 2 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudan Park

*Date of Burial,* Aug 11th 1886

*Undertaker,* H. Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 217 Fawn st.

J. F. Hyde M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94031

## Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* 18th Aug - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mc Mann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 44 Granby St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 1 Yr 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 12th 86

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 75 Franklin St

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within -four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause e of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9461 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. AUG 11 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* aug 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Payne

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 10 S Green St

*Cause of Death,* First (Primary), Enteric colitis

Second (Immediate), asphyxia

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Aug 12 1886

*Undertaker,* Jos B Cook

*Place of Business,* 1607 N Balto St

Geo R Graham M. D.
Medical Attendant.

*Address,* 136 Columbia ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94133 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

BALTIMORE CITY HEALTH DEPARTMENT AUG 11

*Date of Death,* Aug 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Dora Scherer

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* White

~~Married, Single,~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} No 4 Rhyd Alley

*Cause of Death,* First (Primary), Old age

Second (Immediate), Effusion of Exhaustion

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 13th 86

*Undertaker,* John C Leach & Milton A Taylor M. D.

*Place of Business,* 265 Alice Anna st *Address,* 38 N Bond Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24134 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Boss

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 7 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} +

*Occupation,* +

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 169 S. Chapel St.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Asthenia

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* Aug 11

*Undertaker,* [illegible]

*Place of Business,* 187 [illegible] *Address,* 96 S. Ann St

A. T. Gowdier M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 94035

*Office of Registrar of Vital Statistics.*

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certi...

HEALTH DEPARTMENT, AUG 11 1880 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Adams

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 9 *Months,* 20 *Days*

*Color,* White ✓

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 52 Hamburg St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), General Debility

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetry

*Date of Burial,* August 12th

*Undertaker,* B. Hartle

*Place of Business,* 82 West st.

H. B. Stith M. D.
Medical Attendant.

*Address,* 52 Warren Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

**Permit No.** 94036 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles William Granger

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 9 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne A Fundle Co. Md

*Duration of Residence in the City of Baltimore,* 5 Months

*Place of Death,* {Give Street and Number.} Barney St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 11 1886 C. A. Cooke M. D.

Medical Attendant.

*Undertaker,* W. Hall

*Place of Business,* West St *Address.* 110 Fort Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

# Health Department, City of Baltimore.

Permit No. 94037 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. AUG 11 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Coury

*Sex, Male or Female,* {Cross out the word not required in this line.} B

*Age,* 19 *Years,* 10 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 9 N Eden St.

*Cause of Death,* First (Primary), Dysentery.

Second (Immediate),

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cem

*Date of Burial,* Aug 12 '86

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Bway.

E. J. Williams M. D.
Medical Attendant.

*Address.* 9 N Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94038 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate [illegible] filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1886

## CERTIFICATE OF DEATH.

*Date of Death,* Michael Gowran

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aug - 10th 86

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* White -

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 yrs. -

*Place of Death,* {Give Street and Number.} 51 Barney Street. -

*Cause of Death,* First (Primary), Phthisis et Morbus Brightii

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 12 Mos. —

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross C

*Date of Burial,* August 12

*Undertaker,* B. Hoch

*Place of Business,* 82 West St

Geo. A. Krauss. M. D.
Medical Attendant.

*Address,* 226 Montgomery.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 9-4039 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD. AUG 11 1888 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Krug

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 47 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give Street and Number.} 252 Eastern Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Hypertrophy of the Heart & Dropsy

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 13th 1888

*Undertaker,* P McCabe

*Place of Business,* 820 York St

Edmund Coffee M. D.
Medical Attendant.

*Address,* 146 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 9 4 0 4 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1884.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Abbot Conway

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 4 *Months,* ____ *Days.*

*Color,* Col *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 73. S. Dallas St

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,) Convulsions

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 11th 1884

J. J. Gaut M. D.
Medical Attendant.

*Undertaker,* Wm Madden

*Place of Business,* 46 Park St *Address* 137 Fulton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94041 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* August 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rothhaupt

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 14 *Months,* ..... *Days* 1

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 162 N Bethel Pl

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Luthern Cem

*Date of Burial,* August 12 1886

*Undertaker,* John Heuisler

*Place of Business,* 382 Orleans St

Wm L Rauch M. D.
Medical Attendant.

*Address,* 238 N Amer

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9404 12 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10 1904

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jarvis Rodney

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 17 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md. — Kent Co. —

*Duration of Residence in the City of Baltimore,* Few hours. —

*Place of Death,* {Give Street and Number.} Wst. foot of Marsh Market

*Cause of Death,* First (Primary), Asphyxia, from acci —

Second (Immediate), dental drowning. —

*Duration of Last Sickness,* 3 — 5 — minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Grays Inn. Kent Co.

*Date of Burial,* Aug 11th

*Undertaker,* Chas R. Bandell

*Place of Business,* York Road & Huntsman

Alexander Hill, M. D.
Medical Attendant.

*and* Address, Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Transit No. 4322

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9403 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug 10th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Gluck

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No. 2 Pleasant Alley

*Cause of Death,* First (Primary), .....

Second (Immediate) Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem.

*Date of Burial,* Aug 11th 86

*Undertaker,* G. Franz

*Place of Business,* Bank & Wolfe St. *Address,* 24 S Broadway

W. Kotts M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9 8 8 8 8 Office of Registrar of Vital Statistics. Ward 6 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. HEALTH DEPARTMENT AUG

## CERTIFICATE OF DEATH. B

*Date of Death,* Aug. 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willibald Endres (Endres)

*~~Sex~~, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 Years 2 Months, Days.

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 90 S. Chapel

*Cause of Death,* First (Primary), Diphtheria maligna

Second (Immediate), Paralysis

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 11th 86

*Undertaker,* J. Franc

*Place of Business,* Franz & Wolfe Address, 276 E. Baltimore St

~~A. Mathies~~ M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9[illegible]645 *Office of Registrar of Vital Statistics.* Ward 1 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

*Date of Death,* August 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Madeline Reckl B

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 *Months,* 21 - *Days.*

*Color,* White

*Married, Single, Widow, Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 202 Gough st

*Cause of Death,* First (Primary), .....

Second (Immediate), Entero Colitis

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug 11th 86

*Undertaker,* G. F. France

*Place of Business,* Pfaub & Wolfe's *Address,* 22 Jackson Square

Thomas E. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94046 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albertine Behrends

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 45 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Emden, Hanover Prussia

*Duration of Residence in the City of Baltimore,* 28 yrs.

*Place of Death,* {Give Street and Number.} 7 Fountain St.

*Cause of Death,* First (Primary), Pneumonia with Typhoid Complication

Second (Immediate), Asthenia

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem

*Date of Burial,* Aug. 12. 86 A. T. Goswiler M. D.

Medical Attendant.

*Undertaker,* H. Saunders Son

*Place of Business,* 232 Eastern Ave. *Address,* 96 S. Ann St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94047 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 11 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 11th Aug. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Elliott

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 7 *Months,* 4 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Iowa

*Duration of Residence in the City of Baltimore,* Four months

*Place of Death,* {Give Street and Number.} 649 W. Lombard

*Cause of Death,* First (Primary), Dysentery (Typhoid)

Second (Immediate),

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery

*Date of Burial,* aug 12th 1886

*Undertaker,* Jos B. Coale

*Place of Business,* 1707 N. Balto

John Hood M. D.
Medical Attendant.

*Address,* 594 W. Fayette st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

8th

**Permit No.** 94048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 11 1886 BALTIMORE, MD.

74

# CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } George Blair

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 4.2 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. } Single

*Occupation,* Boiler maker

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } Balto. City Jail

*Cause of Death,* { First (Primary,) Congestive Chill

Second (Immediate,) Asphyxia & heart failure

*Duration of Last Sickness,* 10 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore. Cemetery

*Date of Burial,* August 12

J. N. Hoffman M. D.
Medical Attendant.

{ *Undertaker,* B Harte,
{ *Place of Business,* 82. West St. *Address* 279 W. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

6

*Permit No.* 94049

HEALTH DEPARTMENT
AUG 11 1886
BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

B

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Deams.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 168 N. Washington St

*Cause of Death,* First (Primary,) .....

Second (Immediate,) Marasmus.

*Duration of Last Sickness,* 6 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* 12. Aug

*Undertaker,* John Henry

*Place of Business,* 382 Aliceanna

J. D. Griffith M. D.
Medical Attendant.

*Address* 137 Aliceanna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Health Department, City of Baltimore.

Permit No. 94057 *Office of Registrar of Vital Statistics.* Ward 16 1

The Physician who attended any porson in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 11th. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hahn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~ *Years,* Two *Months.* ~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 76 Columbia Avenue

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Acute Enterokolitis 2d

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* August 12. 86

*Undertaker,* Ph. J. Dill & Son

*Place of Business,* 183 Columbia St. *Address,* 76 Columbia Ave

Jos Blum M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. 18

Permit No. 94051 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August. 10th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jemilla Winter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* After Time

*Place of Death,* {Give Street and Number.} 70 Wyeth st.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Prostration

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 12 86

*Undertaker,* W. J. Pies & Son

*Place of Business,* 189 Columbia Av

O. L. Buddenbaum M. D.
Medical Attendant.

*Address,* 166 S. Pearl

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. 18

Permit No. 9-4052 *Office of Registrar of Vital Statistics.* Ward 43

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 10 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Winter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} N. Eutaw st.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Prostration

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 12. 86

*Undertaker,* R. J. Dill & Son

*Place of Business,* 183 Columbia av. *Address,* 116 N Eutaw st

A. L. Buddenbohn M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 14053 *Office of Registrar of Vital Statistics* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after ~~the death of said deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie wolf.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 11 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1 Kirk St.

*Cause of Death,* First (Primary), Whooping Cough & Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Falls Cemetery

*Date of Burial,*

*Undertaker,* J. J. Chalmers

*Place of Business,* 575 Penna

J. H. Keller M. D.
Medical Attendant.

*Address,* 188 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physician is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94054 *Office of Registrar of Vital Statistics* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Corinne C. Doyle

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 348 Myrtle av

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), One month

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 13 1886

*Undertaker,* Stevens & Williams

*Place of Business,* 35 Park av

H. W. Webster, J. M. D.
Medical Attendant.

*Address,* 101 Bancet

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94053 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be granted without a Physician's Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

*Date of Death,* Aug. 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Livesey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 21 Ensor St near Biddle

*Cause of Death,* First (Primary), Heart Disease & Dropsy

Second (Immediate),

*Duration of Last Sickness,* 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 12th 1886

*Undertaker,* H. C. Wiedefeld

*Place of Business,* Green Mt Ave *Address,* 283 N. Eden St.

Edwin B. Feuby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94056 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas G Scarf

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} /

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} E Hutton St

*Cause of Death,* First (Primary), Malignant disease of Liver

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Augt 12th 1886

*Undertaker,* Henry W. Means

*Place of Business,* 422 W. Fayette St *Address,*

Chas C Donnell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9405 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Shelton

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* — *Years,* One *Months,* — *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City, Md.

*Duration of Residence in the City of Baltimore,* one Month

*Place of Death,* {Give Street and Number.} 281 Gough St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 one Month.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 12 1886 C. Jno F. Harris M. D.

Medical Attendant.

*Undertaker,* John Heenan

*Place of Business,* 382 Orleans *Address,* 154 E. Balto. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94058 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1[illegible] BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A. Makel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} Rice St # 18

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cemetery

*Date of Burial,* August 12 1886

*Undertaker,* Fleet Carlos Ross

*Place of Business and Address,* 45 E Lan Mar St

L G Spamer M. D.

~~Medical Attendant.~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94059 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1886 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* 10th August 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Butler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* General house work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Md

*Duration of Residence in the City of Baltimore,* 10. Months

*Place of Death,* {Give Street and Number.} 53. China Str.

*Cause of Death,* First (Primary), Congestive Remittent Fever

Second (Immediate), Cerebral-Congestion

*Duration of Last Sickness,* 10. days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 12 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Eastern Ave Address, 146. Hill Str.

L. D. Dyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94,160 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weiss

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single ~~Widower~~

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 29 N Chapel St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 12th 86

*Undertaker,* G. Frank

*Place of Business,* Frank & Wolfe Sts. *Address,* .....

F. H. Collenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9406 1 *Office of Registrar of Vital Statistics.* Ward 1 o

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday Aug 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Taylor

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 44 *Years,* ____ *Months,* ____ *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Maried

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} 441 Canton Ave

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Typhoide

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Aug 13th 86

J. E. Pinckard M. D.

Medical Attendant

*Undertaker,* G. F. Fava

*Place of Business,* Bank & Wolfe Sts *Address,* 28 O'Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94062 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday Aug 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Arnett

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 4 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Louisville Ky

*Duration of Residence in the City of Baltimore,* 5 Month

*Place of Death,* {Give Street and Number.} No 6 O' Donnell St

*Cause of Death,* First (Primary), Measels

Second (Immediate), Malegnant Ulser of the neck & Convulsion

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Lowe

*Date of Burial,* Aug 12th 1886

*Undertaker,* H Standiford Jno

*Place of Business,* 252 Caton Av

E Pinkard M. D.
Medical Attendant.

*Address,* 38 O' Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9f063 *Office of Registrar of Vital Statistics.* Ward 21 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

*Date of Death,* August 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Raphael

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* 6 *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} +

*Occupation,* +

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 177 S Register St

*Cause of Death,* First (Primary), Concussion of Brain (resulting from a fall)

Second (Immediate), Collapse.

*Duration of Last Sickness,* Three days. —

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 12th 1886

*Undertaker,* H Sauder & Son

*Place of Business,* 252 Caton av

A. V. Gouziler M. D.
Medical Attendant.

*Address,* 96 S. Ann St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 9 f 0 6 4 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 ... BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dina Krumm

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} F

*Age,* 22 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} S

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 21 Years

*Place of Death,* {Give Street and Number.} Rmd Cons Infirmary - 21 Broadway -

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug. 12. 1886

*Undertaker,* H Standiford & Son

*Place of Business,* 252 Eastern Ave

E. E. Jamie M. D.
Medical Attendant.

Address, Rmd Cons Infirmary
21 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce...

# Health Department, City of Baltimore.

**Permit No.** 94065 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Dr Wm T Russell Cathell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 15 minutes *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 4 N Broadway

*Cause of Death,* First (Primary), Non visible fracture 4th month.

Second (Immediate), Premature birth.

*Duration of Last Sickness,* During life

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* August 12-86

*Undertaker,* or ~~Randolph~~ W. Cathell

*Place of Business,*

Dr W Cathell M. D.
Medical Attendant.

*Address,* 4 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94066

## Office of Registrar of Vital Statistics.

Ward 1 U

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} V. Augusta Kawecki B

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cely

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} # 64 Burk St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephanus Cem

*Date of Burial,* August 12. 86

*Undertaker,* Felix Brockhoark

*Place of Business,* 215 S Bond

John H. Rehberger M. D.
Medical Attendant.

*Address,* # 243 Aliceanna St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94067 *Office of Registrar of Vital Statistics.* Ward 7a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 BALTIMORE, MD

*Date of Death,* Aug 11/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Slifka

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* ..... *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 236 N Durham

*Cause of Death,* First (Primary), Diarrhea

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian National cemetery

*Date of Burial,* August 12th 1886

*Undertaker,* Frank Covach

*Place of Business,* 249 N. Durham st *Address,*

J. H. Collenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94068 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Volz

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 4 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant girl

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 1½ years

*Place of Death,* {Give Street and Number.} 225 Cookie St

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Hypostasis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cem

*Date of Burial,* August 12

*Undertaker,* B. Ward

*Place of Business,* 82 West St

Wm Gambrill M. D.
Medical Attendant.

*Address,* 170 S. Stricker St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# CERTIFICATE OF ~~DEATH.~~

94069 (To be Retained by Physician.)

(4 "1)

*Date of Death,* Aug 12

*Name of Deceased,* Jane Bro

*Sex, Male or Female,* Male

*Age,* 3 days

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~,

*Occupation,* ———

*Birthplace,* Balto

*Duration of Residence in B. C.* Life

*Place of Death,* 11 N Caroline St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Hemorrhage

*Duration of last Sickness,* Life

REMARKS.

The J. Locke
Aug. 12th 1886
North Point Ch. Balto Co

Dr. S. V. Hoofnagle

HEALTH DEPARTMENT, BALTIMORE, MD. AUG 12 19

John Murphy & Co., City Printers and Stationers.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94979 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Watts

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} female

*Age,* ~~*Years,*~~ Seven *Months,* ~~*Days*~~

*Color,* Colored

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

~~*Occupation*~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 243 Dover Street

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 12th 1886

*Undertaker,* Wm H. Dunyee

*Place of Business,* East St

James H Cleary M. D.
Medical Attendant.

Address, Cor Pratt & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

H C. Seward S. J.

# Health Department, City of Baltimore.

Permit No. 9407 / *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Grady

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Maryland University Hospital

*Cause of Death,* First (Primary), Bullet-wound through the lungs inflicted by his own hand

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 12/86

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W. Fayette *Address,*

L. G. Spanow M. D.

~~Medical Attendant.~~ Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94072 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie L Walker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 110 Exeter

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 190 E Madison

*Cause of Death,* First (Primary), .....

Second (Immediate), Inanition

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Augs 12th 1886

*Undertaker,* Henry H. Mears

*Place of Business,* #22 W. Fayette St *Address,* 192 Aisquith St

Daniel V Moyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94073 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT
AUG 12 188
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith L Richter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 5 *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 167 Conway St

*Cause of Death,* First (Primary), —

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 12/86

*Undertaker,* Wm J Fickner

*Place of Business,* 65 S Eutaw

Jno L Dorsey M. D.
Medical Attendant.

*Address,* 158 Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94074 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Priscilla Brooks

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} F

*Age,* 45 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} A. A Co. Md

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} 386 Cross St

*Cause of Death,* First (Primary), Rheumatism

Second (Immediate), Heart disease

*Duration of Last Sickness,* 4 months

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 12th 86

*Undertaker,* Samuel H. Chase

*Place of Business,* 98 S. Howard St *Address,* 1752 N. Howard

L. M. Hall M. D.

Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9407 5 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Donohue

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} B

*Age,* ..... *Years,* 13 *Months,* ..... *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 30 Eutaw

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Hydrocephaloid.

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross cemetery

*Date of Burial,* Aug 12. 1886

*Undertaker,* Wm Peter Jones

*Place of Business,* 12 Saratoga

E Edw Jamney M. D.
Medical Attendant.

*Address,* 242 W Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 24476

*Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 12 19[illegible] BALTIMORE, MD.

*Date of Death,* August 11 1[illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Robinson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} C

*Age,* ____ *Years,* ____ *Months.* 1½ hours *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 909 N Prout St.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 909 N. Prout St.

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 12 [illegible]

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* Carroll Hotel

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[OVER.]

The Co-operation of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9407 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Bokenkotter

*Sex, Male or Female,* {Cross out the word not required in this line} Female

*Age,* ——— *Years,* ——— *Months,* 13 hours *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 909 N. Broadway

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 909 N. Broadway

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), ———

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 12/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St.

Dr. S. Hollyday M. D.
Medical Attendant.

Address, Carroll Balto Co Md

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94078 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1886 BALTIMORE, MD

## CERTIFICATE OF DEATH

*Date of Death,* August 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Rohmer B

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 3 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 216 Hudson St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), ...

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* 1st German United Cemtry.

*Date of Burial,* August 12th 1886

E. R. Williams M. D.

Medical Attendant

*Undertaker,* Wm Nicolaus

*Place of Business,* 253 Aliceanna St. *Address,* 53 South St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94079 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Connaughton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 249 S. Dallas St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 13th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Greenmt Ave

Nicholas L. Dashiell M. D. Medical Attendant.

*Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 24080 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately~~ filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or visit, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Galla

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} B

*Age,* 60 *Years,* *Months,* *Days*

*Color,* Cal

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Fifty years

*Place of Death,* {Give Street and Number.} 161 Hoffman Street

*Cause of Death,* First (Primary),

Second (Immediate), General Dropsy

*Duration of Last Sickness,* Six Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 12 1886

*Undertaker,* Chas Kennedy

*Place of Business,* 116 Orchard st

B. S. Tilcon M. D.
Medical Attendant.

*Address,* 616 W Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94081 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Rogers B.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} U

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} Home Alley

*Cause of Death,* First (Primary), Teething

Second (Immediate), Inflam of Brain

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Aug. 12th 1886

*Undertaker,* H. Sander & Son J. H. Martin M. D.

Medical Attendant.

*Place of Business,* 252 Canton Av *Address,* 108 Canton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94082 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 12 188 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Miles

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Seaman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England - Three weeks

*Duration of Residence in the City of Baltimore,* Three weeks

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel cemetery

*Date of Burial,* August 13 1880

*Undertaker,* James D Byrne

*Place of Business,* no 63 N Front

C. H. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94083 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT, AUG 12 1886 BALTIMORE, MD.

*Date of Death,* Aug 12th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months,* —— *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents Asylum

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Ex.

*Duration of Last Sickness,* 1 month.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cem.

*Date of Burial,* Aug. 13. 1886

*Undertaker,* Frank Smith

*Place of Business,* Division St. *Address,* 404 Dr. Hillair

F. J. Flannery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94084 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1886 BALTIMORE, MD

*Date of Death,* Aug 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Muiel

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 1 *Years,* 3 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimor City

*Duration of Residence in the City of Baltimore,* Since born

*Place of Death,* {Give Street and Number.} 323 ~~322~~ E. Lombard st

*Cause of Death,* First (Primary), Enteric Colitis

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* Aug 13th 86

*Undertaker,* G. Franc

*Place of Business,* Bank & Wolfe Sts *Address,* 1727 E. Baltimore st

P. L. Dausch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Respectful attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94085 *Office of Registrar of Vital Statistics.* Ward 6 cf

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 13 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* 11 Aug 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kaubschman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 86 Months, 26 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany — 41 years in Am

*Duration of Residence in the City of Baltimore,* 41 years

*Place of Death,* {Give Street and Number.} 1011 N. Wolfe St.

*Cause of Death,* First (Primary), Senile Decay

Second (Immediate), old age

*Duration of Last Sickness,* Confined to house for 3 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Aug 13

*Undertaker,* W. Digges

*Place of Business,* 151 S Bond *Address,*

C P Isaac M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94086 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel & Elizabeth Carr

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 2½ *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 75 Harmony Lane Umbilicus

*Cause of Death,* First (Primary), Bleeding at the Navel

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* N. Public Cemetery

*Date of Burial,* August 12th 1886

*Undertaker,* F. A. Kerchner — Thomas Cleaves M. D. Medical Attendant

*Place of Business,* City Hall — *Address,* Compter R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Paul A. Cleaves

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health Department

# Health Department, City of Baltimore.

Permit No. 94087 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Carroll

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 6 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give Street and Number.} 455 Division St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shanfield Cemetery

*Date of Burial,* August 13 1886

*Undertaker,* Abr Hennelly

*Place of Business,* 116 Orchard St

Chas E Waite M. D.
Medical Attendant.

*Address,* 565 Druid Hill Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94188 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 13 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Watson

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* *Years,* 11 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 47 8 Ohio Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mound Olivet Cem

*Date of Burial,* Aug 13th 1886

*Undertaker,* Julius Kochler

*Place of Business,* Sharp & Cross St. *Address,* 157 Saratoga St

J. C. Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 1

# Health Department, City of Baltimore.

Permit No. 94989

## Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1886 BALTIMORE, MD.

*Date of Death,* August 29th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 4 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* and No Hist.

*Place of Death,* {Give Street and Number.} 513. N. Gilmor St.

*Cause of Death,* First (Primary), Membranous Croup

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Three Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Aug' 13th 1886

*Undertaker,* John S. Mackin

*Place of Business,* No 150 Camden

John L. Ellis M. D.
Medical Attendant.

*Address,* 293 Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 24090 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 13 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rider C

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co, Md.

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} 222 Bolton Alley

*Cause of Death,* First (Primary), Heart Disease (Mitral)

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem'y

*Date of Burial,* Aug 13th/86

*Undertaker,* H. Bode

*Place of Business,* ———

T. Bricker M. D.
Medical Attendant.

*Address,* 515 Pine St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94091 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna R. Machen

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 7 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 233 Pierce St.

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Convulsions

*Duration of Last Sickness,* 9 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 15th. 86.

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N. Fremont St. *Address,* 137 N. Carrollton Av.

J. W. C. Cuddy, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 9409

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
AUG 13
BALTIMORE MD.

*Date of Death,* Aug. 11/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angelina Bowers

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 79 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Co., Md.

*Duration of Residence in the City of Baltimore,* About two weeks (last)

*Place of Death,* {Give street and number} 216 Arlington Ave

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Carcinoma (Mammary)

*Duration of last Sickness,* about three years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug. 14th 1886

{ *Undertaker,* H. Lewis Schaefer

{ *Place of Business,* 109 N Fremont St

Wm B. Ridout M. D.
Medical Attendant.

*Address,* 89 Eastern Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

# Health Department, City of Baltimore.

Permit No. 9493 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE AUG 13 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} —— Madrine

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* —— *Months,* / *Days.*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Washer-woman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 40 yrs.

*Place of Death,* {Give Street and Number.} No. 31 S. Central Ave.

*Cause of Death,* First (Primary), Pulmonary Phthisis

Second (Immediate), ——

*Duration of Last Sickness,* 8—10 months

All the above information should be furnished by the Physician.

*Place of Burial,* E. Poel Cemetery

*Date of Burial,* Aug. 13th 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Heath Office

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94094 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 13 1886 BALTIMORE, MD.

*Date of Death,* Aug 12. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Thornton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* 2 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* Tinner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 77 Pilliner St

*Cause of Death,* First (Primary),

Second (Immediate) Heart Hypertrophy, Dropsy

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 14th 1886

*Undertaker,* Armstrong & Son

*Place of Business,* 267 Light St *Address,* 46 Hanover St

Thomas Corbin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 94095 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F Nicholls

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 70 *Years,* — *Months,* — *Days,* 4

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Brickmaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 105 Edmondson Ave

*Cause of Death,* First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Several Years

All the above Information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 13th 1886

Geo. H. Rinsen M. D., Medical Attendant.

*Undertaker,* Armstrong Penny

*Place of Business,* 963 Light

*Address,* 144 Hanover St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 94096 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 13 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marica daughter of Francis Leidner

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Infant

*Occupation,* "

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 18 Granby Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Pneumonia

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home Cemetery

*Date of Burial,* August 14th 1886

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave. *Address,* 882 Balto St

Abraham Shertzer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9709 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 13 18[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12th, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Atkinson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Salesman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 69 Arlington Ave.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Several years.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 14/86

*Undertaker,* Derby & Mitchell

*Place of Business,* 550 W Fayette

Eldridge C. Price M. D.
Medical Attendant.

Address, Office 262 Mad. Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9 4098 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry G. Wessel

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 14 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} German Orphan Asylum - Aisquith & Orleans Sts

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* Aug 13th 1886

*Undertaker,* H. Sauter & Son

*Place of Business,* 252 Canton Av *Address,*

J. H. Collenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94099 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 13 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Helsby

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* 10 *Months,* 29 *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 124 N. Calhoun st

*Cause of Death,* First (Primary), Gastric catarrh (Chronic)

Second (Immediate), asthenia

*Duration of Last Sickness,* 1 year about

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. C. Cinct.

*Date of Burial,* Aug 13/1886.

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 E. Gay

Jas. E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 9-4100

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

B

*Date of Death,* Aug 12 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kearney

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} —

*Age,* 47 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} 6 Down St near Fulton

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 14 th

Henry Chandlee M. D.
Medical Attendant.

*Undertaker,* Jno J Corrigan

*Place of Business,* 89 Hollins St *Address,* 181 Linden Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9-4101 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 13 1886
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Robb.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* 30 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md,

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 256 S Caroline St

*Cause of Death,* First (Primary), Cardiac Disease Dropsy &c

Second (Immediate),

*Duration of Last Sickness,* about two months

All the above information should be furnished by the Physician.

*Place of Burial,* S. Paul's Cemetary

*Date of Burial,* August 15th 1886.

*Undertaker,* Leonhard Kurr

*Place of Business,* 277 S. Bond St.

D N Cathell M. D.
Medical Attendant.

*Address,* 2 W Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 94102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 13 1886
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Gertrude Hessman

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 6 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Her whole life time

*Place of Death,* {Give street and number} 339 E Mulberry St

*Cause of Death,* First, (Primary.) Born very delicate.

Second, (Immediate,) Marasmus.

*Duration of last Sickness,* her entire life time

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns

*Date of Burial,* Aug 13th 1886

*Undertaker,* M Cadogan

*Place of Business,* 227 Mulberry St *Address,* 64 N Pace

W M Hammond M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

# Health Department, City of Baltimore.

Permit No. 94103 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 13 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Alice & Adam Barker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 1 *Day*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Wagon Alley E of Schroder

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* W Lebbie's Cem

*Date of Burial,* Aug 13th 1886

*Undertaker,* H A Kershner

*Place of Business,* Health Office *Address,* City

Thos F Steiner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Robert Sanderson

physicians is respectfully invited to the Remarks below, and to List of Diseases on back of

# Health Department, City of Baltimore.

Permit No. 9410 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPT. AUG 13 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Shipley C

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 13 *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 14 Biddle Alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Aug 14th

*Undertaker,* A F Wensley

*Place of Business,* Orchard St *Address,* Irington

Thos A Shipley M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Mrs Robert Dant Ins Lud

# Board of Health, City of Baltimore,

Permit No. 94105 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 13 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 13 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Edward Taylor

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } A or B

*Age,* Years, 4 Months, Days,

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } V

*Occupation,* Infant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* { Give street and Number. } Cor. Camden & Eutaw Sts

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Aug 14 86

*Undertaker,* Wm J. Tickner

*Place of Business,* 61 Eutaw St Address, Cor Lee & Hanover

R. Slaysmith M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 94106 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 13
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 13 Aug 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Rusbaum

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months,* *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 157 N. Fulton Ave

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 157 N. Fulton Ave.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* Aug 14/86

*Undertaker,* J. B. Cook

*Place of Business,* [illegible] *Address,* 594 N. Fayette st.

John Abel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94197 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 13 1890
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Fennell

*Sex, Male or Female,* {Cross out the word not required in this line.} C

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* Wed

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St Mary's Co

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} No 116 York St

*Cause of Death,* First (Primary), Typen'ty

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Stpeters Cemetery

*Date of Burial,* August 14 1890

*Undertaker,* Hercules Ross

*Place of Business,* 95 Eastern Ave *Address,* 15 Nanavish

J C Bench M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94108 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

HEALTH DEPARTMENT
AUG 13 188
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Gassaway

*Sex,* ~~Male or Female~~, {Cross out the word not required in this line.} female

*Age,* 115 ? *Years,* *Months,* *Days.*

*Color,* Col

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ?

*Duration of Residence in the City of Baltimore,* ?

*Place of Death,* {Give Street and Number.} No 2 Stone Alley

*Cause of Death,* First (Primary), Old age

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenschlager

*Date of Burial,* August 14

*Undertaker,* John Howard

R. Winslow M. D.

Attending

*Place of Business,* 172 Pearl *Address,* 201 W. Biddle St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94109 *Office of Registrar of Vital Statistics.* Ward 7a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

HEALTH DEPARTMENT RECEIVED AUG 15 BALTIMORE, MD.

*Date of Death,* August 12, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bauer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} U

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 weeks

*Place of Death,* {Give Street and Number.} Kyser Lt near Washington

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Balls Cemetery

*Date of Burial,* Aug 14/86

*Undertaker,* John W. Jackson

*Place of Business,*

H. B. White, M. D.
Medical Attendant.

*Address,* 363 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94110 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 14 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. ~~Lucas~~ Lanahan

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Coachman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} Boundary Ave. nr. Washington St

*Cause of Death,* First (Primary), Frac. of base of skull, caused

Second (Immediate), by being accidentally thrown

*Duration of Last Sickness,* Few minutes — from his horse

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 14/86

*Undertaker,* Chas. J. Scriven

*Place of Business,* 27 N. Eutaw

Alexander Hill M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9711 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give name of parents.} Milton N. Carr

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* 2 *Years,* *Months,* *Days*

*Color,* Blk

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto 1 2 mo

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 337 S. Eden ward

*Cause of Death,* First (Primary), Dentition

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 14 86

*Undertaker,* Heal Allen Ross

*Place of Business,* 95 Eastern Ave *Address,* 313 Light

R H O Edel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9f112 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Louisa Tisbert

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* Seven *Months,* One *Days* 20

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Infant

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Seven months & 10 days

*Place of Death,* {Give Street and Number.} 256 North Eden St

*Cause of Death,* First (Primary), Enteric Colitis.

Second (Immediate), Collapse

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 14 1886

*Undertaker,* Henry Shrock

*Place of Business,* 309 N. Central Av *Address,* 256 N. Eden St

John U. Pickel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

**Permit No.** 94113 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or refuse so requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 14 1880
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec August 12th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Bothoff

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cooper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 43 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 5 Mall av

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* 20 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 15 1880

*Undertaker,* B Hasle

*Place of Business,* 82 Hall St

O A Cooke M. D.
Medical Attendant.

*Address,* 110 Fort av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9411 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Wheeler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 13 *Days*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City Balto Md.

*Duration of Residence in the City of Baltimore,* Fifteen

*Place of Death,* {Give Street and Number.} #570 N Gay St

*Cause of Death,* First (Primary), Dentation

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* York Pennsylvania

*Date of Burial,* Aug 14th 1886

*Undertaker,* A. Fink & Son

*Place of Business,* #61 N. Gay St *Address,* 361 N Bway

A L. Gage M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4325 Fremont

# Health Department, City of Baltimore.

Permit No. 94115 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H. Marriott a

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Tobacco Broker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 98 W. Lanvale

*Cause of Death,* First (Primary), Stricture of Oesophagus

Second (Immediate), Exhaustion Oesophagus

*Duration of Last Sickness,* 2 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* August 15

*Undertaker,* W. Weaver

*Place of Business,* 202 N. Eutaw

Geo B Reynolds M. D.
Medical Attendant

*Address,* 171 W Lanvale

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94116 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fisher D

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 242 Corps st

*Cause of Death,* First (Primary) Typhoid Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 15 —

*Undertaker,* Henry Briele

*Place of Business,* Hanover St. 81

O. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9417 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 14 1886 BALTIMORE, MD.

*Date of Death,* August 14th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest C. Jolde

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 119 Washington ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Prostration

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loth. Cem. Druth

*Date of Burial,* July 15th 1886

*Undertaker,* Phn. J. Will & Son

*Place of Business,* 183 Columbia ave

C. L. Goddard M. D.
Medical Attendant.

*Address,* 166 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9418 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 14
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Godfrey, S, Burgess

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 2 *Months.* *Days*

*Color,* Colored

*~~Married~~, Single, Widow or Widower* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 444 Marshall alley

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), general debility

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Prince of Peace Cem Samuel Station

*Date of Burial,* August 14

*Undertaker,* John Heaver

*Place of Business,* 172 Pearl

E. H. Hoffman M. D.
Medical Attendant.

*Address,* 277 W. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

# Health Department, City of Baltimore.

Permit No. 94119 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 BALTIMORE, MD

*Date of Death,* August 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate M Sachs

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All true life

*Place of Death,* {Give Street and Number.} Harvard & Stephen sts

*Cause of Death,* First (Primary), Dysentary

Second (Immediate), ~~Dysentary~~ Dysentary

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 15/86

*Undertaker,* Julius Koehler

*Place of Business & Address,* Sharp & Cross Sts

Richard Lee & Co M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

**Permit No.** 94120 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH AUG 14 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 14

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwd L. Kelley

*Sex, Male or ~~Female~~.* {Cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* ...

*Place of Death.* {Give street and Number.} #209 Argyle Ave

*Cause of Death.* First (Primary). Entero Colitis

Second (Immediate). Exhaustion

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial* Aug 16, 1886

*Undertaker* Martin Fahey

*Place of Business,* 128 Townsend St *Address,* 225 Argyle Ave

John L. Hud M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94121 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Bell Boyd

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 2 *Months,* 4 *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* {Give Street and Number.} 12 Hoffman Ave.

*Cause of Death,* First (Primary), Intermittent Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 16th 1886

*Undertaker,* J. E. Longshore

*Place of Business,* *Address,* 86 N. Eutaw St

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94122 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. C. McCall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 621 Light St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Catherine

*Date of Burial,* Aug 16th 1886

*Undertaker,* J. JENKINS & SONS UNDERTAKERS

*Place of Business,* Park & Saratoga Sts

I. C. Burdett M. D.
Medical Attendant.

*Address,* 15 W Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94123 *Office of Registrar of Vital Statistics.* Ward 9 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Elizabeth Montgomery

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female D

*Age,* *Years,* 11 *Months,* 13 *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 114 N. Fayette St

*Cause of Death,* First (Primary), Ventilation

Second (Immediate), Convulsions

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brea Cemetery

*Date of Burial,* Aug 15th 1886

*Undertaker,* John S. Meacher

*Place of Business,* No 150 Camden St *Address,* Cor Paca & Smithson

E. Duncan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 94126 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 12/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry R. Eisenbrandt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* 2 *Months,* 21 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Musical instruments manufacturer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 39 S. Broadway

*Cause of death,* First, (Primary,) Epithelioma of the Pharynx

Second, (Immediate,) Septicaemia

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* August 13th 1886

*Undertaker,* Henry & Mitchell

*Place of Business,* 65 & B Broadway

A. Aronsohn M. D., Medical Attendant.

*Address,* 276 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94125 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Killmon

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Brass Moulder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life.

*Place of Death,* {Give Street and Number.} 6 Point Lane near Gay St.

*Cause of Death,* First (Primary), Heart Disease & Diarrhoea

Second (Immediate),

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug. 15

*Undertaker,* A. C. R. Bandell

*Place of Business,* York Rd & 6 St Point Lane

E. B. Jenby, M. D.
Medical Attendant.

*Address,* N. E. Cor. Eden & Biddle

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94126 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A Hopkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Car Conductor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 437 Light St

*Cause of Death,* First (Primary),

Second (Immediate), Softening of Brain

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* Aug 15. 1886

*Undertaker,* H. A. Dayer

*Place of Business,* 745 S. Bway.

Howard Bruce M. D.
Medical Attendant.

*Address,* 416 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9417

*Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Albert

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* colored

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} 24 Woodyear St.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted]

*Date of Burial,* Aug [redacted] 14/886

*Undertaker,* [redacted] R. M. Hall M. D.

*Place of Business,* [redacted] *Address,* 135 D. Hillsave

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94128 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Friday August 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd May Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 193 Lemon Street

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheritic Croup

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* Aug 14th 1886

*Undertaker,* M J Cadogan

*Place of Business,* 227 Mulberry St

L. D. Morris M. D.
Medical Attendant.

*Address,* 538 West Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94129 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica

54

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 2 Wks *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore V

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents

*Cause of Death,* First (Primary), Diarrhoea.

Second (Immediate), Ex.

*Duration of Last Sickness,* 24 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cemy.

*Date of Burial,* Aug. 16th 1886

*Undertaker,* Fralick Smith

*Place of Business,* Division St. *Address,* 404 N. Hill Ave

T. J. Flannery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9430 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. George Hoffman C

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* 9 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 365 Eastern Avenue

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill

*Date of Burial,* Aug 14 86

C B Burton *M. D.*

Medical Attendant.

*Undertaker,* H. Sanders & Son

*Place of Business,* 252 Eastern *Address,* 51 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94131 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 13. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Booze

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days*

*Color* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give Street and Number.} 97 Mosher Al

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn

*Date of Burial,* August 16 1886

*Undertaker,* Hercules Ross

*Place of Business,* 55 Carrollst *Address,* 72 Hanover

L. C. Bowers M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permit No. 94132

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

20 C

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPART
AUG 14 18
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Royden Caulfield

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 8 *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 504 N. Cathwen st

*Cause of Death,* First, (Primary.) Hoematuria

Second, (Immediate.) Uremic Convulsion

*Duration of Last Sickness,* about three months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 15/86

*Undertaker,* Chas F. Scriven

*Place of Business,* 27 N Eutaw *Address,* 128 Cathedral st

A. M. Belt. M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94133

*Office of Registrar of Vital Statistics.*

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dodd

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 95 Stirling st.

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial* Asbury Cemetery

*Date of Burial,* August 15th 86

*Undertaker,* W W Madden

*Place of Business,* 446 East 8th

E. B. Feuby, M. D.
Medical Attendant.

*Address,* 283 N. Eden St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9413 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Schaffer 3 Parents
Sallie Schaffer 3

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 1 day *Years,* *Months.* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} No 177 N Mount St

*Duration of Residence in the City of Baltimore*

*Place of Death,* {Give Street and Number.} No 177 N Mount St

*Cause of Death,* First (Primary), Premature birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 15th 1886

*Undertaker,* Jos B Cook } J H DeWolf M. D.
Medical Attendant.

*Place of Business,* No 707 W Baltimore *Address,* 408 N Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9 f 135 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J Mc Mullin

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Norfolk Virginia

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 88 S Vincent

*Cause of Death,* First (Primary), Result of Child birth

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 17 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Aug 15th 1886

*Undertaker,* Geo B Cook

*Place of Business,* No 707 W Baltimore

James Bosley M. D.
Medical Attendant.

*Address,* 314 Cathedral

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9-4136 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Otaviano

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 36 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* Fifteen years

*Place of Death,* {Give Street and Number.} 106 Fawn st

*Cause of Death,* First (Primary), Cerebral Hemorrhage

Second (Immediate),

*Duration of Last Sickness,* Suffering with Chronic Alcoholism one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co'm.

*Date of Burial,* August 15 1886

*Undertaker,* John Kerrigan

*Place of Business,* 382 Orleans St *Address,* 2 W Baltimore

D W Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9413 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1886 (23.9 M)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Gibbons

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 33 *Years,* — *Months,* — *Days*

*Color,* Whit

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Cannmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Bright's Disease (Large white kidney.)

Second (Immediate), Heart failure

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 15th 1886

*Undertaker,* C. F. Brandenburg

*Place of Business,* 209 Hanover

H. Speelman M. D.
Medical Attendant

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94138 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Jane Connel

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* — *Days.*

*Color,* a d

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Spring Street between Pratt & Gough

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Spasms

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Co Public Cem

*Date of Burial,* Aug 15 1886

*Undertaker,* Geo Burchard

*Place of Business,* City Hall

James A Clemens M. D.
Medical Attendant

*Address,* Cor 6th & R

James A Clapell
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

**Permit No.** 94139 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 15th August 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Patterson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 64 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 200 Franklin St

*Cause of Death,* First (Primary), Cerebral Congestion,

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 16. 1886

*Undertaker,* Stewart & Mayer

*Place of Business,* 35 Park Ave

G. H. Jones M. D.
Medical Attendant.

*Address,* 200 Franklin

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cert.

# Health Department, City of Baltimore.

Permit No. 94140 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 15 1886 BALTIMORE

*Date of Death,* August 13 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie C. Otterbein

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 15 *Years,* 3 *Months,* — *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} /

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 242. William st.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Prostration

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Olivet C

*Date of Burial,* August 16

*Undertaker,* B Hall C

*Place of Business,* 82 West-st

C. L. Buckbrook M. D.
Medical Attendant.

*Address,* 166 S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94141 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bennett

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ / Female

*Age,* ~~Years,~~ *Months,* 1 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ / ~~Widow~~ / Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 106 Bank St

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Johns R.C.

*Date of Burial,* August 16 86

*Undertaker,* Felix Brosbeck

*Place of Business,* 218 S Ann St *Address,* 53 E. C[illegible] St

E. Brilliant M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 94142

*Office of Registrar of Vital Statistics.*

15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sanks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give street and number.} 160 York St

*Cause of Death,* First, (Primary.) Disease Heart

Second, (Immediate.) Dropsy

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 15 1886

*Undertaker,* J W Chase

*Place of Business,* 198 Howard St

Th. Thomas M.D.,

Medical Attendant.

*Address,* No 57 N. Paca St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94143 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

13

## CERTIFICATE OF DEATH.

*Date of Death,* August 13, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Watts

*~~Sex, Male, or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* 7 *Days.*

*Color,* Negress

*~~Married~~ Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 30 ~~[illegible]~~ Gelston's Court.

*Cause of Death,* First (Primary), ~~[illegible]~~ Convulsions

Second (Immediate), Cholera Infantum (?)

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Church St Cemetery

*Date of Burial,* August 15th

*Undertaker,* W. H. Bishop Jr. Hiram Woods M. D.

Medical Attendant.

*Place of Business,* 97 Druid Hill Ave. *Address,* 89 Franklin St. Over

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9414 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisie Simms

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 days ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 138 Maryland ave

*Cause of Death,* First (Primary), Trismus Nascentium

Second (Immediate),

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* August 15th 1886

*Undertaker,* Daniel Flynn

*Place of Business,* 109 West St

O. A. Cole M. D.
Medical Attendant.

*Address.* 1 N. Fort ave

**from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within rs after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause h.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9445 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cusey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 410 Hanover

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* August 16th 86

*Undertaker,* Daniel Flynn

*Place of Business,* 109 West St

Medical Attendant Edwd F. Mechlin M.D.

*Address,* 283 N Lanvale

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9416 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Groshon

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* 14 *Days*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York City

*Duration of Residence in the City of Baltimore,* Ten days

*Place of Death,* {Give Street and Number.} 7 N. Bond St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* Ballt Cemetery

*Date of Burial,* Aug 16 1886

*Undertaker,* N. F. Curran

*Place of Business,* 53 S. Broadway

E. B. Button M. D.
Medical Attendant.

*Address,* 124 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9747 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Williams

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* Col.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} No 1 Vincent Alley

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shorp st Cemetery

*Date of Burial,* Aug 14 1886

*Undertaker,* Wilbur N Bunger

*Place of Business,* 62 East St

B. S. Tilcomb M. D.
Medical Attendant.

*Address,* 616 W Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the REMARKS below, and to LIST of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 94148 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellis Johnson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 4 *Days.*

*Color* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1 Claytons Court

*Cause of Death,* First (Primary), Diarrhea

Second (Immediate), Convulsions

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Aug 15 1886

*Undertaker,* W M Dungee

*Place of Business,* *Address,* East Aliceanna

Thos A Cleary M. D.
~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 94149 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Inloes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Sixty five *Years,* *Months,* *Days.*

*Color,* Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 49 Carlton St.

*Cause of death,* First, (Primary,) ....

Second, (Immediate,) Dropsy

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns R. Cemetery

*Date of Burial,* Aug 14 1896

*Undertaker,* William Norris

*Place of Business,* 62 Dolphin St

Hoffheimer M. D.,
Medical Attendant.

*Address,* 205 W. Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9417

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94150 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wilhelm Hauswald. Hausewald

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2/12 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 96 Fredyrick Avenue

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cemetery

*Date of Burial,* Aug 17th 1886

*Undertaker,* A. Rohde. Louis. Holliday M. D.

Medical Attendant.

*Place of Business,* 48 Penna avenue *Address,* Carroll Post Office

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94151 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Z Washenetki

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 38 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Poland

*Duration of Residence in the City of Baltimore,* 5 years.

*Place of Death,* {Give Street and Number.} 251 S Bond

*Cause of Death,* First (Primary), Enteritis

Second (Immediate),

*Duration of Last Sickness,* 4 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* Russian Cemetery

*Date of Burial,* Aug 15th 1886

A R Lucas M. D.
Medical Attendant.

*Undertaker,* David Hunard

*Place of Business* 112 N High *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94152 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 15th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Pinter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} U

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Whole time

*Place of Death,* {Give Street and Number.} No 122 E. Wash St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St. Thomas Cem.

*Date of Burial,* Aug 16th 86

*Undertaker,* G. Trance

*Place of Business,* Pant & Wolfe *Address,* No. 248 Block

W. D. Katz M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94153 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 13 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Reed

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* — *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give Street and Number.} 157 S. Chapel st

*Cause of Death,* First (Primary), Dysentery acute

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 15th 86

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe *Address,* 12 S Eden

L O Whitehurst M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 94154

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

# CERTIFICATE OF DEATH.

*Date of Death,* August 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Turpin,

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* House Maid

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Somerset Co Md.

*Duration of Residence in the City of Baltimore,* 15 yrs.

*Place of Death,* {Give street and number} 37 Walnut alley

*Cause of Death,* First, (Primary,) Uterine Cancer

Second, (Immediate,) Anhemia

*Duration of last Sickness,* Three months & over.

All the above information should be furnished by the Physician.

*Place of Burial,* Shark's Cemetery

*Date of Burial,* Aug 15th 1886

*Undertaker,* S W Chase

*Place of Business,* 198 Howard st

T. A. Ashby M. D.
Medical Attendant.

*Address,* 318 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 97153 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 16 18
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* ..... Aug. 14, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ..... Annie R. Schultze

*Sex, Male or Female,* {Cross out the word not required in this line.} ..... female

*Age,* ..... *Years,* ..... *Months,* 2 0 *Days.*

*Color,* ..... White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ..... Single

*Occupation,* ..... Nil

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ..... Balti-

*Duration of Residence in the City of Baltimore,* ..... Lifetime

*Place of Death,* {Give Street and Number.} ..... 235 N. Front -

*Cause of Death,* First (Primary), ..... Natural Causes

Second (Immediate), ..... Convulsions

*Duration of Last Sickness,* ..... 5- days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 16th 1886

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St. *Address,* 943 N. Eutaw

J. Hall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This ...

# Health Department, City of Baltimore.

Permit No. 94156 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 ... BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Smith. B

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* ..... *Months,* ..... *Days*

*Colored*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 4 Bolton al.

*Cause of Death,* First (Primary), Phlebitis with Erysipelas.

Second (Immediate), Gangrene of lower extremities

*Duration of Last Sickness,* Phlebitis complained about 2 weeks prior.

All the above information should be furnished by the Physician.

*Place of Burial,* Shanpet Cemetery

*Date of Burial,* August 16 86

Chas. G. Coy M. D.
Medical Attendant.

*Undertaker* Alex Hemsley

*Place of Business,* 116 Orchard St, *Address,* 75 Franklin St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 9415 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Kelson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* *Months,* *Days,*

*Colored*

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

*Duration of Residence in the City of Baltimore,* 6 yrs

*Place of Death,* {Give street and Number.} 10 Liberty Road

*Cause of Death.* First (Primary), Pneumonic Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About one year

the above information should be furnished by the Physician.

*Place of Burial,* Sharpes Cemetery

*Date of Burial,* August 16 1886

*Undertaker* Asp Hemsley

*Place of Business* 116 Archard St

Henry Chandlee M. D.
Medical Attendant.

*Address,* 181 Linden Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94158 *Office of Registrar of Vital Statistics.* Ward 72

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if living, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hoover. Odannell Banks

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* Black -

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 247 N. Durham St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Malaria Fever -

*Duration of Last Sickness,* 2 weeks -

All the above information should be furnished by the Physician.

*Place of Burial,* Shuppert Cemetery

*Date of Burial,* Aug 16 1886

*Undertaker,* William Lange

*Place of Business,* 62 East St

Wm. L. Rennet M. D.
Medical Attendant.

*Address,* 231 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of ...

# Health Department, City of Baltimore.

Permit No. 9459 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT ... BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mathews Mitche...

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... *Months,* 3 — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* ~~~

*Place of Death,* {Give Street and Number.} 103 Vincent Alley

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Prostration

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Aug 16 1886

*Undertaker,* William Deringer

*Place of Business,* 62 East St

J. W. J. Englar M. D.

Medical Attendant.

*Address,* 394 Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94160 *Office of Registrar of Vital Statistics* 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 16
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie L. Guyton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days*

*Color,*

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none = retired Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give Street and Number.} 108 Robert St

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate),

*Duration of Last Sickness,* About 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 17 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave

E. A. Gaither M. D.
Medical Attendant.

*Address,* 2 Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94161 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

HEALTH DEPARTMENT
AUG 16 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 14. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Feigt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~Farmer~~ Piano Forte Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 Years

*Place of Death,* {Give Street and Number.} 605 Basin St

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Tues 16th 1882

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Address, 416 Hanover St

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94162 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 16 1888 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ritz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 27 *Years,* × *Months,* × *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 14 Rose Street

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate), Diarrhea

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug 16/88

*Undertaker,* Chas. H. Devries A Friedenwald M. D.
Medical Attendant.

*Place of Business,* 27 S Eutaw Address. 88 N Eutaw Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9-4163 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 16 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph R. Stugen

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 313 Clyft. Place

*Cause of Death,* First (Primary), Entero-colitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 17th 8

*Undertaker,* H. C. Winkfield

*Place of Business,* 100 Greenmt Ave

J. H. Robuin M. D.
Medical Attendant.

*Address,* 75 N Greenmt Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94164 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT, AUG 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* 15th August 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dietz

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days*

*Color,* white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} Eager Street 354

*Cause of Death,* First (Primary), Tuberculosis Pulmonaire

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Agnes Cemetery

*Date of Burial,* August 17, 1886

*Undertaker,* Henry Hoeck

*Place of Business,* 389 N Eutaw

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe & Ilz

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94165 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 16 1880 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 15th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Butz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 11 *Years,* 11 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 75½ Eastern Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Cholera Infantum

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Ch

*Date of Burial,* August 17th 80

*Undertaker,* Official Funds

*Place of Business,* 35 Bank St *Address,* 94 S Broadway

D. J. Gatch, *M. D.*, Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94166 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August. 15th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 10 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 115 Cooksey st. Locust point

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Spasm

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem

*Date of Burial,* Aug. 16. 1886 C. L. Buddenbohn M. D.

Medical Attendant.

*Undertaker,* H. Shriver & Son

*Place of Business,* 252 Caroline *Address,* 166 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94167 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1884 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Bohmer

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 89 *Years,* 2 *Months,* 11 *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 26 yrs —

*Place of Death,* {Give Street and Number.} 675 — Sharp St.

*Cause of Death,* First (Primary), old age

Second (Immediate), Dysentery

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 17th 1884

*Undertaker,* Ernst Schumann — *Medical Attendant.* C. J. N. Tall M. D.

*Place of Business,* 623 Sharp St. *Address,* 152 Sharp.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to Insert Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 94168 *Office of Registrar of Vital Statistics.* **Ward** 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 16 1881 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie S. dau of Charles & Virginia Griffin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 10 *Months,* 13 *Days.*

*Color,* W do

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Child

*Occupation,* School

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 678 Bethel St

*Cause of Death,* First (Primary),

Second (Immediate), Shot in fore head

*Duration of Last Sickness,* Day & half one

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 16th

*Undertaker,* John E Grace

*Place of Business,* 1142 S. Caroline St *Address,* 882 Baldst

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94169 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 16 19[illegible]
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 14th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Lemmon

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.} a

*Age,* 35 *Years,* — *Months,* — *Days*

*Color,* Black.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} —

*Occupation,* Housewife.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Penna.

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give Street and Number.} 128 Lee St.

*Cause of Death,* First (Primary), Heart disease

Second (Immediate),

*Duration of Last Sickness,* 2 yrs - Last attack about 1 hour.

All the above information should be furnished by the Physician.

*Place of Burial,* Greencastle, Pa

*Date of Burial,* August 17

*Undertaker,* Deculed & Ross

*Place of Business,* 95 Conway St

W. J. Flannery M. D.
Medical Attendant.
Coroner
*Address,* 404 Dr. Hill Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4324 Transit

# Health Department, City of Baltimore.

Permit No. 94170 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alida Norris Varnado

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 5 *Months.* 14 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Barclay & Federal Sts

*Cause of Death,* First (Primary), Diarrhoral Enteritis.

Second (Immediate), exhaustion.

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount.

*Date of Burial,* Aug 16. 1886.

*Undertaker,* Wm. H. Kirkman.

*Place of Business,* 2340 N. Gay

Irving Miller M. D.
Medical Attendant.

*Address,* 179 E. Monument St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94171 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 16 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 14 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Walter.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Fifty-eight *Years,* Eight *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married.

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} No. 580 Hartford ave

*Cause of Death,* First (Primary), Phthisis.

Second (Immediate), Dropsy and Cachexia

*Duration of Last Sickness,* About eighteen months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 17. 1886.

*Undertaker,* Wm. H. Heckman

*Place of Business,* 234 E. Lay St.

Geo. A. Elwell, M. D.
Medical Attendant.

Address, 579 Hartford ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24172 *Office of Registrar of Vital Statistics.* Ward 11 W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 16 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Toney

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~~ *Years,* ~~ *Months,* 9 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 9 Painters Court

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 16" 86

*Undertaker,* Wm Tunges

*Place of Business,* East 4th

James A Steuart M. D.

*Address,* Comp 26 & N

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Ex by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

L. F. Fitzpatrick Sanitary Inspector

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94173 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 16 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* 14th of Aug. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Caspari

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* 11 *Months,* 7 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Druggist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bassum Hannover (Germany)

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} Druid Hill Ave 379

*Cause of Death,* First (Primary), Atrophia senilis Cerebri

Second (Immediate), Collapsus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 17th 1886

*Undertaker,* Wm. Weaver

*Place of Business,* 202 N. Eutaw *Address,* 120 Pearl St Balto

D. W. Holdsman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 9417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRY AUG 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 14. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dana Lewis Price

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— 5 ——— *Months,* ——— *Days.*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 128 Harmony Lane

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) ———

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Levnel Cemetery

*Date of Burial,* Aug 16 1886

*Undertaker,* William Dunz

*Place of Business,* 62 East St

J. J. King M. D.
Medical Attendant.

*Address,* 215 N. Carrollton

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Health Department, City of Baltimore.

Permit No. 94175 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 16 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt. 14 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Mumma

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 3. *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 584 Fulton ave

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 584 Fulton ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), ...

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Magnolia Cem Washington

*Date of Burial,* Aug 16th 1886

*Undertaker,* J. E. McEnaney

*Place of Business,* 298 Penna ave *Address,* 193 Fremont

G. W. Ames M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special

# Health Department, City of Baltimore.

Permit No. 94176 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C McDermott

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* ——— *Months.* ——— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* House Wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 234 George St

*Cause of Death,* First (Primary), Mitral regurgitation

Second (Immediate), Congestion of Lungs

*Duration of Last Sickness,* Nine weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 17th 188[illegible]

*Undertaker,* M Cadden

*Place of Business,* 227 W Baltimore St *Address,* 1 Edmondson Ave

J H Branham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94177 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 16 1886 BALTIMORE, MD.

*Date of Death,* Aug 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas C. Cole

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 32 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Brickmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 22 yrs

*Place of Death,* {Give Street and Number.} 5 h. Dallas

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), .....

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery.

*Date of Burial,* August 17. 1886

*Undertaker,* Henry McGinnis

*Place of Business,* 22 E. Centre St.

Wm N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 94178

*Office of Registrar of Vital Statistics.*

8 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 16 18 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 14, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lee Eppler,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* Painter,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City, Lifetime,

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 242 E Fort Ave,

*Cause of Death,* First, (Primary.) Fracture of Cervical Vertebra,

Second, (Immediate.) (Accidental— Fr. Diving,

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross.

*Date of Burial,* August 16th

*Undertaker,* Henry C. Weddefoot

*Place of Business,* Greenmount Ave

F. W. Hinkley M.D.,
Medical Attendant.

*Address,* 133 E Fort Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94179 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 15 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. McDonald

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 40 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} W

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give Street and Number.} No. 97 Chestnut St.

*Cause of Death,* First (Primary), Heart disease

Second (Immediate),

*Duration of Last Sickness,* Instant death

All the above information should be furnished by the Physician.

*Place of Burial,* Loral Cemetery

*Date of Burial,* August 17 1886

*Undertaker,* William M Dugee

*Place of Business,* 62 East st

Alexander Hill M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 94180 *Office of Registrar of Vital Statistics.* Ward 5

HEALTH DEPARTMENT 17 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Burger

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 461 S. Spring st

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Sholom Cem

*Date of Burial,* Aug 17th 1886

*Undertaker,* E J Spence

*Place of Business,*

James A Steuart M. D.
~~Medical Attendant.~~

*Address,* Cumberland Md

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.

Henry M M Keyser
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9418 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 16 — 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezol A. Kimmy

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} N. C.

*Duration of Residence in the City of Baltimore,* Few Years

*Place of Death,* {Give Street and Number.} Wf. East of Frederick St.

*Cause of Death,* First (Primary), Asphyxia, from acci-

Second (Immediate), dental Drowning

*Duration of Last Sickness,* 3 — 5 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Sub Cmty

*Date of Burial,* Aug 16th

*Undertaker,* Geo. Rinehart

*Place of Business,* 23 Forest Pl. Address,

Alex. Hill, M. D.
Medical Attendant.
Coroner,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9474 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, and shall sign the same, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gus E. Preller

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* ..... *Years,* 1 *Months,* 7 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Entire

*Place of Death,* {Give Street and Number.} 176 E. Chase

*Cause of Death,* First (Primary), Enteritis

Second (Immediate), Inanition

*Duration of Last Sickness,* 3 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* August 17th 1886

*Undertaker,* Henry Hoeck

*Place of Business,* 309 Central Avenue

H. I. Reynolds M. D.
Medical Attendant

*Address,* 186 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 9418 3. *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* Aug 16th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Klein

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 38 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Goshen N. Y.

*Duration of Residence in the City of Baltimore,* 5 weeks

*Place of Death,* {Give street and Number.} 47 Mulberry St

*Cause of Death,* First (Primary), Hepatitis & Mortalitis

Second (Immediate), Pyaemia

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Goshen N. Y.

*Date of Burial,* August 17th 1886

*Undertaker* W. H. Jenkins & Sons

*Place of Business,* Park & Saratoga Sts *Address,* 94 Saratoga St.

H. H. Biedler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 4326 Trauset [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9484 *Office of Registrar of Vital Statistics.* Ward 16a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Banks

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* *Months,* 13 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* All of Life

*Place of Death,* {Give Street and Number.} 675 Iceland St

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Asthenia.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 17th

*Undertaker,* H. Ross

*Place of Business,* 95 Monroe St

U. S. Good M. D.
Medical Attendant.

*Address,* 174 Druid

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 94185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or said ~~DEPARTURE~~ sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 17 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J. Taylor

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 22 *Years,* 10 *Months,* 19 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Coach-maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 46 N. Bloom St.

*Cause of Death,* First, (Primary.) Acute Bronchitis

Second, (Immediate.) Acute Bronchitis

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug. 18

*Undertaker,* Walter Lemmel

*Place of Business,* 315 W. Bidder

D. L. Reinhart M. D.
Medical Attendant.

*Address,* 324 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

# Health Department, City of Baltimore.

Permit No. 94186

## Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

*Date of Death,* Aug. 16/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Bulgen,

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Several months. Debility and worse.

*Duration of Last Sickness,* Exhaustion.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cems.

*Date of Burial,* Aug 17th 1886

*Undertaker,* Frank Smith } R. H. Goldsmith M. D.

*Place of Business,* Division St. } *Address,* Harlem av. & Calhoun st. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore. 16

Permit No. 9418 7 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Löbel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 9 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 58 Port Land St.

*Cause of Death,* First (Primary), Dentition Eclampsia

Second (Immediate), Coma

*Duration of Last Sickness,* Ten Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 17th 1886

*Undertaker,* Geo. Leinbach

*Place of Business,* 389 W. Pratt St. *Address,* 76 Columbia Ave.

Jos. Blum *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9718 8 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

*Date of Death,* Aug 16, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Flynn

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days*

*Color,* white

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Bricklayer. Lamp Lighter.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give Street and Number.} 529 Saratoga St.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Prostration

*Duration of Last Sickness,* about two months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Aug. 18/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 & 709 Balto St. *Address,* 582 W. Fayette St.

J. G. J. Wenchon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94189 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Cert[illegible]

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augus 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Solomon

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} S. E. Cor Eden & Aisquith Sts

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia & Congestion of Brain

*Duration of Last Sickness,* Nine (9) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Hebrew Cem

*Date of Burial,* Aug 17/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto St

H. L. Friedman M. D.
Medical Attendant.

*Address,* 317 N. Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9464190 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 15 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes A. Carey

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 2 *Months,* 6 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 232 Myrtle Ave

*Cause of Death,* First (Primary), Acute Congestion of the brain

Second (Immediate), Spasms

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 17 1886

*Undertaker,* Henry H Truax

*Place of Business,* 22 S Fayette St *Address,* 92 Madison St

C. Fawcett M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94191 *Office of Registrar of Vital Statistics.* Ward 2 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 16th. August 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Bochne

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} Eastern Avenue 111

*Cause of Death,* First (Primary), Hydrocephalus Acuticus

Second (Immediate),

*Duration of Last Sickness,* During lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* Aug 18th 1886

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Av

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe & 117

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9-7192 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Burrs a

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 43 *Years,* ——— *Months,* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 42 Lewis st

*Cause of Death,* First (Primary), Cold &c

Second (Immediate), Uterine Hemorrhage

*Duration of Last Sickness,* 2 or 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug. 18 : 86

*Undertaker,* Acy Kennedy

*Place of Business,* 116 Orchard st

J. E. Gonnah M. D.

Medical Attendant.

*Address,* August 4 Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore, 20

Permit No. 9464/93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 17 1896
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 15. 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Albert Henry

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* / *Years,* 6 *Months,* / *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} /

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 107 Georges

*Cause of Death,* {First, (Primary,) / Second, (Immediate,)} Phthisis Pulm

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 17 1896

*Undertaker,* C Charles S Butler

*Place of Business,* 1922 Cardine St *Address,* 581 Penn Ave

E. Edw Janney M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Physicians are respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94194 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Kornmann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 11 *Months,* ~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 months

*Place of Death,* {Give Street and Number.} # 266 S. Broadway

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Greenmount~~ first German Untitat Cemetery

*Date of Burial,* 17 August 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann *Address,* 243 Alice Anna St.

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 9f195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTM... AUG 17 18[illegible] BALTIMORE, M...

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna L. L. Hall

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* 4 *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number.} No 42 Point street

*Cause of Death,* First (Primary,) Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudal Cemetary

*Date of Burial,* august 17

Frank W Gunon M. D.
Medical Attendant.

*Undertaker,* John H. Owens

*Place of Business,* 172 Pearl st *Address* 94 N Greene st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 94196 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Race.

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 1 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 27 Hudson St.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* 16 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls cem

*Date of Burial,* Aug 17th 1886

*Undertaker,* Mr. Saunders & Son

*Place of Business,* 252 Canton Av. *Address,* 703 Eden St.

E. J. Cranny, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94197 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 16th - 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Barbara Brown.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* —— *Months.* —— *Days*

*Color,* White

*Married, Single, Widow or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto - City.

*Duration of Residence in the City of Baltimore.* Life -

*Place of Death,* {Give Street and Number.} 104 Pennsylvania avenue.

*Cause of Death,*
First (Primary), Indigestion - Chronic Gastritis - Chronic Hepatitis
Hemiplegia -
Second (Immediate), 7 days.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudan Park Cem

*Date of Burial,* Aug 18th 1886

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 106 N Fremont *Address,* Harlem av. & Calhoun st

R. H. Goldsmith, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94198 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as may be requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Williams

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 0 *Months,* 3 Weeks *Days.*

*Color,* Dark brown

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 3 Weeks

*Place of Death,* {Give Street and Number.} No 6 Jenkins Alley

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Epileptic Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* August 18

*Undertaker,* John H. Owens

*Place of Business,* 172 Read St

Benj F. Bohner M. D.
Medical Attendant.

*Address,* Cor Mulberry & Green Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94199 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 14th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm D. Parker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* 55 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* West Pat Cemetery

*Date of Burial,* Aug 16/86

*Undertaker,* P. H. Kuehnen

*Place of Business,* 30 Hanover St.

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...professional attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94200 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} [redacted] Huber

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 7 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U S

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 310 Hanover St. —

*Cause of Death,* First (Primary), .....

Second (Immediate), Meningitis. —

*Duration of Last Sickness,* 4 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* August 18

Dr Geo A Strauss, *M. D.*
Medical Attendant.

*Undertaker,* C. Hall

*Place of Business,* 22 West St. *Address,* 225 Montgomery St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 94201 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1886, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph W. Shultzee

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* About 4 *Years,* *Months,* *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 120 Pine

*Cause of Death,* First (Primary), Laryngeal Diphtheria

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bd Church

*Date of Burial,* Aug 17th 1886

*Undertaker* M Cadogan

*Place of Business* 227 Mulberry 881 Linden Ave

Henry Chandlee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Health Department, City of Baltimore.

Permit No. 9420 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 15th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis E. Wortlee

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Thirty four *Years,* —— *Months,* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Processor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Hanover St. (Hanover) Near Ramsay

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 17-1886

*Undertaker,* Evans & Spine

*Place of Business,* 60 E. Balt St

D. E. Lavey H. Lavey M. D.
Medical Attendant.

*Address,* 33 Conway St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97203 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* aug 15th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Stother

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color* C

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 4 Bazil st

*Cause of Death,* First (Primary) Heart Disease, Aortic obstruction, Mitral regurgitant

Second (Immediate), Cardiac Paralysis

*Duration of Last Sickness,* 2 mons

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 17 1896

*Undertaker,* G W Chase

*Place of Business,* 72 Howard *Address,* 171 N Carey st

Geo B Symons M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9420[illegible] *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mitten A

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... *Months,* 1 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 318 Forest st

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 318 Forest st

*Cause of Death,* First (Primary), convulsions

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Baptz land York Co Pa

*Date of Burial,* Aug 18th

*Undertaker,* H. C. Windefeld

*Place of Business,* 100 Granmit Alley

M. B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Preston st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

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...Registrar's District, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94205 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 16th. August 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Harneck

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during life since.

*Place of Death,* {Give Street and Number.} Thames Street Ag

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Lane

*Date of Burial,* August 17 86

*Undertaker,* Felix Brashears

*Place of Business,* 246 S Ann

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe & 117

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94206 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Mc Guire

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* *2 Months,* *3 Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 6 Enson st. near Chase

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Aug 17th 86

*Undertaker,* G. J. France

*Place of Business,* Bank & Wolfe Sts. *Address,* Cor. Eden & Biddle Sts

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9420 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hergel

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 38 *Years,* ~~Months~~, 8 *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give Street and Number.} No 104 S. Wolf St

*Cause of Death,* First (Primary), Acute Dysentery

Second (Immediate),

*Duration of Last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Thomas Cem.

*Date of Burial,* August 19th 86

*Undertaker,* G. O. France

*Place of Business,* Bank & Wolfe St. *Address,* 22 Jackson Square

Thos. B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94208 *Office of Registrar of Vital Statistics.* Ward 10/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Boyle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 5 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No 40 Row St (Rose)

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Aug. 18th 86

*Undertaker,* G. Trance

*Place of Business,* Gant & Wolfe *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94209 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Thum

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, ~~Single,~~ Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} No 29 S Durham st

*Cause of Death,* First (Primary), Chronic Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Years

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 18th 1886

*Undertaker,* W Dipfel

*Place of Business,* 151 S Bond St *Address,* Camp 26 & R

J Thurst Henry M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J Henry C McMechen
Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 9421 *Office of Registrar of Vital Statistics.* Ward 12 Cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cath. Hall

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* —— *Months,* —— *Days*

*Color,* Black

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Washwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ann. Ar. Co. Md.

*Duration of Residence in the City of Baltimore,* 26 yrs

*Place of Death,* {Give Street and Number.} 205 Etting St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 mos.

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharpe St cemetery

*Date of Burial,* Aug 17 1886

*Undertaker,* Wilbon & Dorsey

*Place of Business,* 62 East St

Frank J Flannery M. D.

Coroner ~~Medical Attendant~~

*Address,* 404 Dr. Hill ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94211 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if so requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Allen C

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 73 - *Years,* 3 *Months,* 3 *Days*

*Color,* W

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life -

*Place of Death,* {Give Street and Number.} # 23 - W Biddle -

*Cause of Death,* First (Primary), Heart disease & Mitral incompetency

Second (Immediate), Asthenia

*Duration of Last Sickness,* several months -

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Ennon Cem

*Date of Burial,* Aug 18th 1886

*Undertaker,* Keech Fulton & Sons

*Place of Business,* Pulaski

Geo J. Preston M. D.
Medical Attendant.

*Address,* 10 E. Townsend

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 94212 *Office of Registrar of Vital Statistics.* **Ward** 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H Turner

*Sex; Male or Female,* {Cross out the word not required in this line.} a

*Age,* ..... *Years,* / *Months,* / *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} W

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 872 E Madison

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 1 mo

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 19th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

G H Latimer M. D.
Medical Attendant.

*Address,* 19 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9 4213 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 th 18 8

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Gambol

*Sex, Male or Female,* {Cross out the word not required in this line.} Femal

*Age,* 23 *Years,* *Months,* *Days*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Maried

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 314 E Pratt st

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 2 & 3 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 19th

*Undertaker,* Eco Schilling

*Place of Business,* 2 & Lond Sts

Jm B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Pratt st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9424 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J. Bayliss

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 44 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Mid Wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore.* .....

*Place of Death,* {Give Street and Number.} 352 Harford Ave

*Cause of Death,* First (Primary), Bright Disease

Second (Immediate), .....

*Duration of Last Sickness,* Not Known

All the above information should be furnished by the Physician.

*Place of Burial,* Green mount cem

*Date of Burial,* 18th 3 P M

*Undertaker,* Geo Stalling

*Place of Business,* .....

Jn B Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Pratt st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94215 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. AUG 18 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert M. Hoyt.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* 6 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* Aug 18th 1886

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94216 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY HEALTH DEPARTMENT AUG 18 1886

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Schmidt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 53 yrs

*Place of Death,* {Give Street and Number.} 7 Woodward st

*Cause of Death,* First (Primary),

Second (Immediate), Cerebral Hemorrhage

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 18th 1886

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St *Address,* 155 Eden St

Jno. T. Hall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94217 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 18 18 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth R Fisher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} W

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Glasgow (Scotland)

*Duration of Residence in the City of Baltimore,* 56 yrs

*Place of Death,* {Give Street and Number.} 15 Warren av

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Cardiac Dropsy

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 19th 1886

*Undertaker,* Armistead Dun

*Place of Business,* 463 Light St

H W Webster M. D.
Medical Attendant.

*Address,* 101 Barre

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

15

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY
AUG 18 1886
HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16. 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Cunell

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 5-2. *Years,* *Months,* *Days.*

*Color,* Colond.

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Gubner.

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 25- Years.

*Place of Death,* { Give street and number } #32 Perry

*Cause of Death,* { First, (Primary) Encephaloid Cancer of Thigh. / Second, (Immediate,) Asthma.

*Duration of last Sickness,* 11 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* August 18 1886

James J Bunn M. D.
Medical Attendant.

*Undertaker,* Hercules Rose

*Place of Business,* 96 Can Mag St

*Address,* # 63 John St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94219 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 18 19 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1894

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rufus H. Suter

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 11 N. Whatcoat St

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* Aug. 19

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

T. Rickert M. D.
Medical Attendant.

*Address,* 515 Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9f220 *Office of Registrar of Vital Statistics.* Ward 17 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. AUG 18 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 " 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Barr

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 11 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 173 Fort Ave

*Cause of Death,* First (Primary), Acute Meningitis

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 19th 1886 Chas F. Michaelis M. D.

*Undertaker,* Ernest Schlosser Medical Attendant.

*Place of Business,* 623 S. Gay St. *Address,* 283, Fawn

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94221 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. HEALTH DEPARTMENT AUG 18

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 1 0 *Months,* ... *Days.*

*Color,* ~~White~~ Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 38 Welcome Alley

*Cause of Death,* First (Primary), Brush

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. St. Agnes Cemetery

*Date of Burial,* Aug 18th 1886

*Undertaker,* Saml W. Chase

*Place of Business,* 198 S. Howard St. *Address,* Northern Dispensary

J. B. Wolfe M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9422 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. AUG 18 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Armstrong

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 9 ft Peach Alley

*Cause of Death,* First (Primary), Typhoid Fever.

Second (Immediate), Asthenia.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 18th 1886

*Undertaker,* [illegible]

*Place of Business,* 198 E. Pratt St

C. L. Booze M. D.
Medical Attendant.

*Address,* 177 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94223 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. AUG 18 1886 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* 17th August. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Heaton Godfrey. B

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Sixteen years. (16) *Years,* *Months,* *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 259. N. Central Av. Baltimore Md

*Cause of Death,* First (Primary), Pseudo-hypertrophic Paralysis

Second (Immediate), Exhaustion. 2 wk. weather. exhaustion.

*Duration of Last Sickness,* About Eight years of Sickness. Eight days of Ex-

All the above Information should be furnished by the Physician.

*Place of Burial,* Dalto Cemetery C Claude Van Bibber M D. per.

*Date of Burial,* August 20/86

*Undertaker,* Geo. Schilling Mc C. Van Bibber M. D.

Medical Attendant.

*Place of Business,* Asquith & Monument *Address,* 47. Franklin St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94224 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J Harris

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Md

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give Street and Number.} 146 Hanover st

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Cardiac Dropsy

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 19th 1886

*Undertaker,* C. F. Evans & Son

*Place of Business,* 209 Hanover

J. H. Mitchell M. D.
Medical Attendant.

*Address,* 101 Barre

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9H225. *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 3 30 oeloek P.M. Tuesday Aug 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Davis

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 42 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Copper Smelter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Wales

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} South West Cor of Paterson Park Ave & South St

*Cause of Death,* First (Primary), Cerebral Congestion & Haemorage

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* August 19th 1886 E. Prichard M. D.

Medical Attendant.

*Undertaker,* Dinny & Mitchell

*Place of Business,* 65 S Broadway Address, 28 O'Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 91226 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. AUG 18 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 1894

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Clemberts

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ..... V

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pa

*Duration of Residence in the City of Baltimore,* 1 month

*Place of Death,* {Give Street and Number.} 45 & St. Charles Av

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), .....

*Duration of Last Sickness,* ~~2 days~~ 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 17

*Undertaker,* H. Briele

*Place of Business,* 81 Henrietta *Address,* 313 Eutaw

R. V. Teller M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94227 *Office of Registrar of Vital Statistics.* Ward 4"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT AUG 18 1886

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 17 — 1886. —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Kappes

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} B

*Age,* ~~38~~ 37 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cigar-maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} Balto. St. nr. High St. —

*Cause of Death,* First (Primary), Cerebral Apoplexy

Second (Immediate),

*Duration of Last Sickness,* Half minutes. —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 19th

*Undertaker,* Geo Schilling

*Place of Business,* Holland Square

Alexander Hill M. D.
Medical Attendant.

*Address,* Coroner. —

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94228 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. AUG 18 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Thompson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 10 *Months,* ~ *Days.*

*Color,* cd

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

*Duration of Residence in the City of Baltimore,* 4 Months

*Place of Death,* {Give Street and Number.} 4 Jordan Alley

*Cause of Death,* First (Primary), Exanition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* August 18/86

*Undertaker,* J. A. Kerchner

*Place of Business,* 30 Harlem ave *Address,* Cem. W P & R

Thos. A. Steuart M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 94229 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 18 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Hranitka

~~*Son, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* ~~Year~~ about 6 months

*Place of Death,* {Give Street and Number.} 247 S. Broadway

*Cause of Death,* First (Primary), Albuminuria 2 (Uremia)

Second (Immediate), Eclampsia puerperal)

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian National

*Date of Burial,* August 18. 1886

*Undertaker,* Frank Coach

*Place of Business,* 247 S. Durham

Thos J. Simms M. D.
Medical Attendant.

*Address,* 242 S. Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

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Suspected diseases of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97230 *Office of Registrar of Vital Statistics.* Ward 5th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 18 1 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schreiber

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 76 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* . . . . .

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} 160 Stirling St

*Cause of Death,* First (Primary), Senility

Second (Immediate), . . . . .

*Duration of Last Sickness,* . . . . .

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemtr

*Date of Burial,* August 19. 1886

*Undertaker,* Henry Hoch

*Place of Business,* 309 N Central Ave *Address,* Eager & Carlin Sts

Schreiber M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94231 *Office of Registrar of Vital Statistics.* Ward 1 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. HEALTH DEPARTMENT AUG 18 1886

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George McStenget B

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 33 *Years,* 10 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Engineer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} 47 S Bond St

*Cause of Death,* {First (Primary), Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Aug 20th 86

*Undertaker,* John C Schuh

*Place of Business or Residence,* 265 Aliceanna 12 S Eden

L Dunkerick M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 14232 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Newcomm

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 21 *Days.*

*Color,* colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md Life

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 416 S Eutaw St

*Cause of Death,* First (Primary), Insanitium

Second (Immediate), Spasms

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 19th 86

*Undertaker,* A Robb

*Place of Business,* Conway St *Address.* Conway St

James H Simms M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Wm Roberts Sanit. Inspector

# Health Department, City of Baltimore.

(131)

Permit No. 14233 *Office of Registrar of Vital Statistics.* Ward 15"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 1908

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 7 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 399 Lexington St

*Cause of Death,* First (Primary), "Marasmus"

Second (Immediate), — Exhaustion

*Duration of Last Sickness,* 2 or 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Lorraine Cem

*Date of Burial,* Aug 19/08

*Undertaker,* J. B. Cook

*Place of Business,* 1017 Pratt *Address,* 23 E Monument

H. F. Hill *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94234 *Office of Registrar of Vital Statistics.* Ward 18 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Beck

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 *Months,* 0 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 231 McHenry St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Inanition

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Louden [redacted] ick Lee

*Date of Burial,* Aug 19/86

*Undertaker,* J. B. Coots

*Place of Business,* 707 & 709 Balto St. *Address,* 298 W. Lombard St.

H. W. Webner *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94235 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 8/18/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Mooney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* *Years,* 1 5 *Months.* *Days*

*Color,* W

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 15 mos

*Place of Death,* {Give Street and Number.} 31 Booth St

*Cause of Death,* First (Primary), Convulsions caused

Second (Immediate), by Whooping cough & Bronchitis

*Duration of Last Sickness,* 9 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* aug 19/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balt St *Address,* 46 N Fayette

L. Cottens M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 92236 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. C. Bunting

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 602 N. Balt. St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Aug 20/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balt St Address, 306 N. Eutaw St

C. M. Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9423 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Boyd

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 70 *Years,* 4 *Months,* 1 *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} U

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 47 years

*Place of Death,* {Give Street and Number.} 597 S Carrollton ave

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate),

*Duration of Last Sickness,* 10 years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Augt 19th 1886

James Bosley M. D.

Medical Attendant.

*Undertaker,* S. M. Leonard & Son

*Place of Business,* 782 W. Baltimore *Address,* 31 Hollins ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94238 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 19 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 17, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Norris

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* 1 *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Mariner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 72 years.

*Place of Death,* {Give Street and Number.} 18 N. Chester St

*Cause of Death,* First (Primary), Old Age

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 m.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Aug. 20/86

*Undertaker,* W. W. Dayer

*Place of Business,* 74 N. Eutaw *Address,* 75 E. Baltimore St

J. W. Hack M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 24239 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 19
BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* Aug. 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Steinmiller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 102 Lemmon St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* August 18th

*Undertaker,* Jos. Loerdens & Son

*Place of Business,* 59 N. Schroeder St.

B. F. Phillips M. D.
Medical Attendant.

*Address,* 311 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9424 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 19 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hartman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 137 S. Exeter

*Cause of Death,* First (Primary), Croup (Diptheritic)

Second (Immediate),

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* August 19th 86

*Undertaker,* Michael Funk

*Place of Business,* 35 Banks

John H. Rehberger M. D. Medical Attendant.

*Address,* #243 Alice Anna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94241 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or longer, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 19 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Benj Benner (Parents)

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~ Years, ~~ Months, 3 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 2 E Fayette (extended

*Cause of Death,* First (Primary),

Second (Immediate), Cyanosis

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 19th 1886 Thos F Steuart M. D.

{*Undertaker,* John Herwig ~~Medical Attendant.~~

{*Place of Business,* 382 Orleans st *Address,* Same

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen
Sanitary Inspector

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9424 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 19 18[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie A Ringsdorf B

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 20 *Months,* 28 *Days*

*Color,* White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 35 N Central Ave.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 or 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 20th 1886

D W Cathell M. D.
Medical Attendant.

*Undertaker,* Wm Frey

*Place of Business,* 91 Eastern Ave *Address,* 211 Bentley

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9243 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Mueller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 69. 69 *Years,* 8 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Cigar Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} 94 N Eutaw Ave

*Cause of Death,* First (Primary), Senility

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paulus Cem

*Date of Burial,* August 19th 1880

*Undertaker,* Leonhard Ritz

*Place of Business,* 131 S. Broadway

L. Chatard M. D.
Medical Attendant.

*Address,* Cor Fairmount & Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94274 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 18 19[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Askew.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days*

*Color,* White.

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} #325 N. Stricker Street.

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Six months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 20th 1886

*Undertaker,* Edward Mowen

*Place of Business,* 35 Lexington *Address,* St Paul St. Extended

John F. Cowell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9245 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 BALTIMORE, MD.

## CERTIFICATE OF DEATH. 74

*Date of Death,* Aug 8th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Walter

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* 7 *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hanover

*Duration of Residence in the City of Baltimore,* 49 years.

*Place of Death,* {Give Street and Number.} St. Josephs Hospital

*Cause of Death,* First (Primary), Old Age

Second (Immediate), Exhaustion.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Aug 19th 1884

*Undertaker* Henry McGuiness

*Place of Business,* N. Central Ave *Address,*

Oscar J. Cookey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94246 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 19 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 2 P.M. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Seidler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 18 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 9 Hollins alley

*Cause of Death,* First (Primary), Pertussis 12 Weeks

Second (Immediate), Convulsions with duration

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 20/86

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* [illegible]

C. H. Ashton M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9747 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 19 18[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19/1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Allen

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 13 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give Street and Number.} cor. Williams and Gettings St.

*Cause of Death,* First (Primary),

Second (Immediate), Dropsy

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudan Park

*Date of Burial,* Aug 21/86

*Undertaker,* [illegible] Cooke

*Place of Business,* 707 Balto St.

S. T. Phillips M. D.
Medical Attendant.

*Address,* 311 W Lombard St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

**Permit No.** 97248 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 19 18[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Amey

*Sex, Male ~~or Female~~* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Co/ Crow & [illegible]

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* aug 20 1886

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Baltimore St

James Bosley M. D.
Medical Attendant.

*Address,* 819 [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94249 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 10 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Ethel~~ Wm E. Hurley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Commission Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} 294 N Mount

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* 17 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* aug 19th 1886

*Undertaker,* Jos B Cook

*Place of Business,* No 707 N Balto St

Thomas Cole M. D.
Medical Attendant.

*Address,* 146 N Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

7 11

**Permit No.** 9425J

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 19 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie R. Ringgold

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ *Months,* 25 *Days.*

*Color,* White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 323 N. Broadway

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,)

*Duration of Last Sickness,* three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olive cemty

*Date of Burial,* Aug 20th

A. G. Staton M. D.
Medical Attendant.

*Undertaker,* Geo Shuling

*Place of Business,* Cor Fairmount & Monument St

*Address* 522 N. Central Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule of Physicians on Back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 9425 1 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or former, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 19 BALTIMORE, MD.

## CERTIFICATE ~~OF~~ DEATH.

*Date of Death,* Aug 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Monroe Fuller B

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 1 *Years,* — *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 58 Row St (Rear)

*Cause of Death,* First (Primary), Measles

Second (Immediate), Broncho-Pneumonia

*Duration of Last Sickness,* Six Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 20th 86

*Undertaker,* G. Byrnes

*Place of Business,* Bank & Wolfe Sts. *Address,* 63 Eden St

E. J. Cummings M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9252 *Office of Registrar of Vital Statistics.* Ward 7 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 19 BALTIMORE, MD.

## CERTIFICATE OF DEATH. a

*Date of Death,* Augt 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Skarda

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Male

*Age,* ~~Years~~, Two Months, Six Days.

*Color,* White

*~~Married, Single,~~ Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 36 Barnes Street

*Cause of Death,* First (Primary), Diarhoea

Second (Immediate), Spasms

*Duration of Last Sickness,* five Days

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Alphons cemetery

*Date of Burial,* Augt 19 /86

*Undertaker,* Frank Coach

*Place of Business,* Address. Conn Ave & 6th

H. C. Seward M. D.
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

H. C. Seward M. D.

# Health Department, City of Baltimore.

Permit No. 94253 *Office of Registrar of Vital Statistics.* Ward 16 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* Aug. 18th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C. Johnson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months.* *Days*

*Color,* Dark

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* Housekeeping

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 88 Burgundy Al.

*Cause of Death,* First (Primary),

Second (Immediate), Hemorrhage from Lungs

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemeteries

*Date of Burial,* August 20 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St.

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 359 Dane St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9257 *Office of Registrar of Vital Statistics.* Ward 5 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 10 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane McKewen

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 28 Addison St

*Cause of Death,* First (Primary), Teething & diarrhea

Second (Immediate), Effusion in Ventricles of Brain

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Aug 20 th

E. C. Baldwin M. D.

Medical Attendant.

*Undertaker,* H. C. Windefield

*Place of Business,* 100 Greenmt Ave *Address,* 124 n Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Respectful attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9425 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE, MD.

*Date of Death,* Aug 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Johnson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* 22 *Days*

*Color,* ~~ed~~

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} 12 McElderry Court

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 20 '86

*Undertaker,* [illegible]

*Place of Business,* 76 East [illegible] St

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 1241 n Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94256 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
BALTIMORE, MD.

*Date of Death,* Aug 17th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Wade Guest.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Artist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} (Dexter Michigan)

*Duration of Residence in the City of Baltimore,* One year.

*Place of Death,* {Give Street and Number.} City Hospital.

*Cause of Death,* First (Primary), Coroner's Jury decided the his death was caused by an overdose of

Second (Immediate), laudanum, taken with suicidal intent

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cem'y

*Date of Burial,* Aug't 20th/886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office

F. J. Flannery M. D.
Coroner
Medical Attendant.
Address, 40 & 42 Hill Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9425 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, not Sundays, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline McKenney

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days*

*Color,* Brown

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 28 Division St.

*Cause of Death,* First (Primary), Gastritis

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemy

*Date of Burial,* Aug 21st 1886

J. B. Gardner M. D.
Medical Attendant.

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard *Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9-4258 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* August 19th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice N. Hopewell

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* Years, 8 Months. Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 25 Morris Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Aug 20th 1886

A T Bell M. D.
Medical Attendant.

*Undertaker,* Alf Hemsley

*Place of Business,* 116 Orchard Address. 234 Fredrick Avenue

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94259 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Aug 19th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Seria (Italian)

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1026 N. Pratt St

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* Aug 20/86

*Undertaker,* Wm J Tickner

*Place of Business,* 6 W S Eutaw St *Address,* Park Ave & Mulberry St

Edmiston M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 94260 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 20
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Aug 19/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred. Radenberg

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 45 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and Number.} 212 Aliceanna St-

*Cause of Death,* First, (Primary,) —

Second, (Immediate.) Malarian

*Duration of Last Sickness,* about 5 or 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetery

*Date of Burial,* Augt 20th 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office *Address,*

N. Fasbiell Jr. M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

**Permit No.** 9426 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 17th August 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie E Thursby

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 27 *Years,* ... *Months.* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } Married

*Occupation,* ...

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* { Give Street and Number. } 630 W Fayette St

*Cause of Death,* First (Primary), Pulmonary Tuberculosis

Second (Immediate), Hemoptysis

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Snow Hill Worcester Co Md

*Date of Burial,* Aug 20th 1886

*Undertaker,* Ellis & Mustard

*Place of Business,* 530 W Fayette St *Address,* W Fayette St

C. C. Jones *M. D.* Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4329 Frankst

[over.]

Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 94262 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 20
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betty Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 55 *Years,* — *Months,* — *Days*

*Color,* Brown Skin

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Whitewasher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

*Duration of Residence in the City of Baltimore,* Thirtyone (31) Yrs

*Place of Death,* {Give Street and Number.} 142 Low street

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), " " Exhaustion

*Duration of Last Sickness,* Twelve months

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 20 1886

*Undertaker,* Wm A Lingel

*Place of Business,* 62 East St

Whitefield Wilson M. D.
Medical Attendant.

*Address,* 116 E. Fayette st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94263 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT. AUG 20 BALTIMORE, MD.

*Date of Death,* Aug 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Howard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* 17 *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 18½ McElderry Court

*Cause of Death,* First (Primary), Scrofulous diathesis

Second (Immediate), Cerebritis

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Shawan County

*Date of Burial,* August 20/86

*Undertaker,* William A. Burger

*Place of Business,* 62 East St

E. G. Baldwin M. D.
Medical Attendant.

*Address,* 124 N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 9426 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 ... BALTIMORE MD.

*Date of Death,* Aug. 20. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irma Montgomery

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~.....~~ *Years,* 10 *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 45 Penna Ave

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Dentition

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 21

*Undertaker,* Andrew Rohde

*Place of Business,* 43 Penna Ave

Geo. A. Fleming M. D.
Medical Attendant.

*Address,* 172 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94265 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 BALTIMORE, MD.

13

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Johnson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Wash. Woman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 74 Holland n.

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate), Dropsy

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bush Cemetery

*Date of Burial,* Aug 21 1896

*Undertaker,* C W Chase

*Place of Business,* 198 Broadway

Wm E. Russell M. D.
Medical Attendant.

*Address,* 238 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...n Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 94266 *Office of Registrar of Vital Statistics.* Ward 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Collins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* 3 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Contractor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give Street and Number.} 191 Division St

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* Death immediate

All the above information should be furnished by the Physician.

*Place of Burial,* Westren Cem

*Date of Burial,* aug 21st 1886

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St *Address,* 565 [illegible]

Chas E Smith M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94267 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 20
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augst 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E Rudiger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 9 *Years,* 7 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give Street and Number.} 19 N Frederick

*Cause of Death,* First (Primary), Epilepsy

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 21st

*Undertaker,* George Schilling

*Place of Business,* Ashland & Lemmon

Edward [illegible] M. D.
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...s on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9/268 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Germack

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Carey st near Cumberland st

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ci

*Date of Burial,* August 20/86

*Undertaker,* Frank Coach.

*Place of Business,* 249 N Durham *Address,* 115 W. Monument st

E. O'Donovan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...s on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97269 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1886 BALTIMORE MD

*Date of Death,* Aug 19. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Hauck

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 9 *Months,* ... 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 109 Lemmon st

*Cause of Death,* First (Primary), Cholera Infantum —

Second (Immediate), ...

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns cemetery

*Date of Burial,* aug 20 1886

*Undertaker,* Jos R Cook

*Place of Business,* No 707 N Balto

James Bosley M. D.
Medical Attendant.

*Address,* 319 Hollins st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...s. 9427

...s below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9427 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Boshammer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* 6 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* life.

*Place of Death,* {Give Street and Number.} 166 S Bond St.

*Cause of Death,* First (Primary), Cerebro-spinal Meningitis.

Second (Immediate), Convulsions.

*Duration of Last Sickness,* about 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* [illegible]

D W Cathell M. D.
Medical Attendant.

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* 2 Broadway.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 9427 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 20 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Annie Steiner

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *4 Months.* 22 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 53 Pinkney Place Baltimore MD

*Duration of Residence in the City of Baltimore,* 4 months and 22 days

*Place of Death,* {Give Street and Number.} 53 Pinkney Place

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnaumal Cemetery

*Date of Burial,* Aug 20th 1886

*Undertaker,* C. H. Weber

*Place of Business,* 60 Fremont Ave

E. C. Gibbs M. D.
Medical Attendant.

*Address,* 136 E. Townsend

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 94272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH AUG 20 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Aupard

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany 35 yrs.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 69 N. Peter St

*Cause of Death* First, (Primary,) Cancer of stomach

Second, (Immediate,) & bowels

*Duration of last Sickness,* 2 yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial* Aug 21st

*Undertaker,* John J Lennan

*Place of Business,* 89 Collins St

H. Boyd Tyler M. D.
Medical Attendant.

*Address,* 198 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER

(Back of this Certi...

# Board of Health, City of Baltimore,

Permit No. 94273.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 20th. 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Johnson

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 6 *Months,* ____ *Days.*

*Color,* Black.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} # 2 Booth St.

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of last Sickness,* 1 month.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 21st

*Undertaker,* John J Cowan

*Place of Business,* 89 Collins st

Edwin Conlyn M. D.
Medical Attendant.

*Address,* #244 Madison Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...on back of this Cer...

# Board of Health, City of Baltimore,

(5-

**Permit No.** 94274 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

B

HEALTH DEPARTMENT, AUG 20 ... BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20th 1856

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Haynes

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 3 *Months,* ... *Days.*

*Color,* Col - *Sex,* -

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} -

*Occupation,* -

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltx

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 119. N. Spring

*Cause of Death,* First (Primary,) ...

Second (Immediate,) Marasmus

*Duration of Last Sickness,* Life -

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* August 20 1856

*Undertaker,* William M Ruge

*Place of Business,* 62 East St

J J Jones M. D.
Medical Attendant.

*Address* 197 Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 9427

...the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94275 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 2... BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21 [illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia C Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 17 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 40 Chew St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* August 21 1888 Daniel C Moyer M. D.

Medical Attendant.

*Undertaker,* Henry Heath

*Place of Business,* 369 S Eutaw *Address,* 197 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...as below, and to Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94276 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 29 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Mullen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 37 Eutaw St (Elliott St.)

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem.

*Date of Burial,* Aug. 29nd 86

*Undertaker,* G. Franc

*Place of Business,* Bank & Wolf Sts *Address,* 63 Eutaw St.

E Williams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 94277 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 55 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. 49 E Lombard

*Cause of Death,* First (Primary), .....

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug. 21st 86

*Undertaker,* G. Trance

*Place of Business,* Bonk & Wolfe St. *Address,* .....

J. Ballet M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ases, and to insert Diseases on back of this Certificate. 1441

# Health Department, City of Baltimore.

Permit No. 94278. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Gomulski

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* ... *Years,* ... 6 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life-time.

*Place of Death,* {Give Street and Number.} # 285 S. Dallas st

*Cause of Death,* First (Primary), ...

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens Cemetery

*Date of Burial,* Aug. 21st 86

*Undertaker,* John A. Schuh M. D.

Medical Attendant.

*Place of Business,* 265 Aliceanna *Address,* 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 94279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH BALTIMORE, MD. AUG 21 18

# CERTIFICATE OF DEATH.

14 B

*Date of Death,* August 14 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lusa Layton

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 40 *Years,* XX *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Dress Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 12 East 14

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.)

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* August 21 /86

*Undertaker,* C Butler & Co

*Place of Business,* 132 N. Caroline St

J A Steele M. D.
Medical Attendant.

Consult J Ringgold, Smith & Co
Address, 307 E. Fayette St
cor E Biddle st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94280 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 19th 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann McNamee

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months.* *Days*

*Color,*

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Housekeeping

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland, 46 Years in U.S.A.

*Duration of Residence in the City of Baltimore,* 46 Years

*Place of Death,* {Give Street and Number.} 428 S. Eutaw St.

*Cause of Death,* First (Primary), Cut in the Calf from a fall,

Second (Immediate), Erysipelas

*Duration of Last Sickness,* 12 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* August 22 1888

*Undertaker,* James, D, Byrne

*Place of Business,* No 63 N Frenth St

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 359 Barre St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for [illegible]

No. 14281

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 14281 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Weat

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* ~~—~~ *Months,* ~~—~~ *Days*

*Color,* white

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give Street and Number.} 410 Washington ave

*Cause of Death,* First (Primary), Traumatic injury (Internal) was treated which brought on Premature Labor 8 months child

Second (Immediate), Septicaemia = with Internal injuries

*Duration of Last Sickness,* 3 or 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 22d 1886

*Undertaker,* John S. Mosher

*Place of Business,* No 150 Camden St

Richd L Evans M. D.
Medical Attendant.

*Address,* 272 Columbia Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permits for Burials, to the

No. 94282

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94282 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgia McClennan McClanahan.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 4 S Hyndman St

*Cause of Death,* First (Primary), Cancer of Uterus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Augs 22d 1886

*Undertaker,* Henry V. Means

*Place of Business,* #22 W. Fayette St *Address,* 22 W Fayette St

W. L. Crim M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of [illegible] Permits for Burials [illegible] is Respectfully Invited to the Remarks Below, and to List of Dis[illegible] on Back of this Certificate.

# Board of Health, City of Baltimore, 19"

**Permit No.** 94283.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 21 " BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Martha Jane West Talbot

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* 11 *Months,* 10 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

*Occupation,* Wife

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 112 N. Carey st., Balto. Md.

*Cause of Death,* First (Primary,) Cancer of breast (both)

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* over one year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 22nd 1886

Wm M Dickerson M. D.
Medical Attendant.

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave

*Address* Arlington & Harlem Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the ... No. 94284

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94284 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Holliday

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 1 *Months,* 7 *Days.*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 6 Harmony Lane

*Cause of Death,* First (Primary), ...

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 21/86

*Undertaker,* Alt Hemsley

*Place of Business,* ... *Address,* Conn Ave & 12

I Saml A Steuart M. D.
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Brown
Inspector

Permits for Burials, &c.

No. 94285

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94285 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 18[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19, 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincenzo Sanfilippo

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 48 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Machinist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy (5 years in America)

*Duration of Residence in the City of Baltimore,* 5 4 years

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Cirrhosis of Liver

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Pub Cem

*Date of Burial,* Aug 21st 1886

*Undertaker,* Geo Rue Sons

*Place of Business,* Cor

H Friedman adv M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Permits for Burials

No. 94286

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94286 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 21 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August, 21st 1886, 3 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Frederhake

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* 1 *Months,* 17 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Sugar Store

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 yrs

*Place of Death,* {Give Street and Number.} 47 N Front St

*Cause of Death,* First (Primary), Chronic Bronchitis

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 24th 1886

*Undertaker,* Peter Frey

*Place of Business,* 91 E Fayette St *Address,* 88 E Baltimore St

A Strasshertzer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 94287

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94287 *Office of Registrar of Vital Statistics.* Ward 3 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 19[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. M. P. Panetti

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Physician

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Barania

*Duration of Residence in the City of Baltimore,* 38 years.

*Place of Death,* {Give Street and Number.} 69 S. Eden St

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 6 mo's

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 23rd 1886

*Undertaker,* Ritz Frey

*Place of Business,* Eutaw Av

J. W. Hoch M. D.
Medical Attendant.

*Address,* 75 E. Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 94288. *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 20th August 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Magill

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 13 *Months,* 5 *Days,*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 69. Williams st

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Easton Talbot Co

*Date of Burial,* Aug 21st 1886

*Undertaker,* Armstrong & Sons

*Place of Business,* 963 Light

J. H. White M. D.,
Medical Attendant.

*Address,* 111 Bond

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Fame - 4331

No. 9 4 2 8 9

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94289. *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 19[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 19th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederich T. Schultz.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 7 *Months,* 12 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} S. Charles St. near Ostend.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Cancrum Oris.

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 22/86

*Undertaker,* Chas. Koehler

*Place of Business,* 263 Light

R. J. N. Tall, M. D.
Medical Attendant.

*Address.* 152 Sharp St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94290 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said deceased, or sooner~~, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 19 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Stringer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 26 Giddings Av

*Cause of Death,* First (Primary), Bilious Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 23 1886

*Undertaker,* Armistead Sons

*Place of Business,* 263 Light St

H B Mott M. D.
Medical Attendant.

*Address,* 52 Warren Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remar[illegible]1908. [illegible] List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94291 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 19[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* 20th of August

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Siegwart

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 61 *Years,* — *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Glassblower

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} 683 S. Clarke St.

*Cause of Death,* First (Primary), Dysentery.

Second (Immediate), Marasmus.

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* Aug 23 rd

*Undertaker,* B. Hearle

*Place of Business,* 82 West st, *Address,* 170 S. Sharp St

Wm Gombel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 94292 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 '' BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* aug. 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria L. Pancost

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* 6 *Months,* 25 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 112 West

*Cause of death,* First, (Primary,) Heart Disease

Second, (Immediate,)

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 22 '86

*Undertaker,* E. Harle

*Place of Business,* 82 West St

L. B. Paeth, M. D.,
J. H. Hill Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 94293. *Office of Registrar of Vital Statistics.* 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 21 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 19. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bedford

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* white.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* General house work.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 15 years.

*Place of Death,* {Give street and number.} 51 East St, (Carroll

*Cause of Death,* First, (Primary.) Valvular dis. of heart

Second, (Immediate.)

*Duration of Last Sickness,* 7 days,

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 21

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Baltimore

E. F. Aukrim M.D.,
Medical Attendant.

*Address,* 161 West Lombard St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 94294

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94294 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 21 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hall Harriet

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* ..... *Months.* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give Street and Number.} 4 Hull St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cerebral Tumor

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Philadelphia

*Date of Burial,* Aug 21 / 83

*Undertaker,* Wm Flynn

*Place of Business,* 111 West St

*Address,* .....

..... *M. D.*

Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Trans. 4332

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94295 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out,~~ to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 19[illegible] BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 19th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elliott Roy Spamer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 5 *Months,* 4 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 217 Bolton St.

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), Cardiac Failure

*Duration of Last Sickness,* About 12 days

All the above Information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* August 21st 1885

*Undertaker,* John J. Andrews

*Place of Business,* 104 & 6 Druid Hill Ave

Eldridge C. Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94296

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94296 *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 '86 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 20 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wagner

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* 6 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 10 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 422 Lond

*Cause of Death,* First (Primary), Carcinoma mammae

Second (Immediate), Marasmus

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Hildebrands

*Date of Burial,* Aug 22d

*Undertaker,* W P Hamm & Co

*Place of Business,* 253 E. Lombard *Address,* 1425 Baltimore

Thatcher M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94297 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 19 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Weaver

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Undertaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 257 W. Fayette St.

*Cause of Death,* First (Primary), Softening of the brain

Second (Immediate), .....

*Duration of Last Sickness,* Two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 23d 1886

*Undertaker,* Wm. Weaver

*Place of Business,* No 202 N. Eutaw St *Address,* 95 Park Ave.

A. M. Erich M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94298. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 19 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Johnson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 8 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 8 days

*Place of Death,* {Give Street and Number.} 18 ~~Hadson~~ Bradford Al

*Cause of Death,* First (Primary), Trismus Neonatorum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* No 8 County Road

*Date of Burial,* Aug 22nd 86

*Undertaker,* Wm J Fry

*Place of Business,* 8 N Broadway

J T Shecknal M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94299

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94299 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 20 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank P Hickey

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 39 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 664 N. Exeter

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Aug 22d

*Undertaker,* H.C. Wiedefeld

*Place of Business,* 100 Greenmount Ave

Edw L. Mitchell. Medical Attendant.

*Address,* 283 N. Linden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94300 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wetters

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Yrs

*Place of Death,* {Give Street and Number.} 165 Burgundy St

*Cause of Death,* First (Primary), Medullary Sarcoma of Lumbar Vertebra

Second (Immediate), Paralysis

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug. 23rd 1886

*Undertaker,* P. H. Seewald. Clinton Cole M. D.

Medical Attendant.

*Place of Business,* 119 S. Eutaw St *Address,* 116 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9430 1 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catharine Tetrau

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~Germany~~ Germany

*Duration of Residence in the City of Baltimore,* Sixty Years

*Place of Death,* {Give Street and Number.} 352 Eastern Avenue

*Cause of Death,* First (Primary),

Second (Immediate), Dropsy

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem.

*Date of Burial,* Aug 22nd 86

*Undertaker,* G. Franc

*Place of Business,* Jones & Wolfe Sts. *Address,* 207 S. Broadway

Nicholas L Duthill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 94302 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 19-1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reich

*Sex, Male or Female.* {Cross out the word not required in this line.} Female

*Age,* about 60 *Years,* — *Months.* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation* Store-keeper.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 yrs. ?

*Place of Death.* {Give street and Number.} 77 Richmond St.

*Cause of Death.* First (Primary), Chronic disease of Kidneys, bladder &c

Second (Immediate), Uremic coma.

*Duration of Last Sickness,* Several months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sunday 22nd

*Undertaker* E Schleman

*Place of Business,* 623 S. Sharp *Address,* 248 N. Eutaw St.

Wm E. Morelly, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94303 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Meyers

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cuba

*Duration of Residence in the City of Baltimore,* Five Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Aug 22nd 1886

*Undertaker,* Jos B Cook

*Place of Business,* 1670 W Baltimore *Address.*

J. Riley Noth M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94304 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Myers

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 453 E Eager St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug 23rd 86

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 361 N Broadway

A. L. Gage M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 19305 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~July~~ Aug 19/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} No name Johanna Weaver

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 0 0 0 *Months,* 2 ~~Days~~ hrs

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 40 Washington Ave

*Duration of Residence in the City of Baltimore,* 2 hours

*Place of Death,* {Give Street and Number.} 40 Washington Ave

*Cause of Death,* First (Primary), Pneumonia Duth

Second (Immediate),

*Duration of Last Sickness,* 20

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 22d

R D Evans M. D.
Medical Attendant.

*Undertaker,* John S. Maeker

*Place of Business,* 150 Camden st *Address,* 272 Columbia Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 74306 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. T. Lanahan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 05 *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 4 Bartlett St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Inanition

*Duration of Last Sickness,* one Month.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 22nd

*Undertaker,* John J Cowan

*Place of Business,* 89 Hollins st

H. W. Webner M. D.
Medical Attendant.

*Address,* 298 W. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 19307

*Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hulda B. Reynolds

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* 14 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 - 1 5 - 14

*Place of Death,* {Give Street and Number.} 538 Hanover St

*Cause of Death,* First (Primary), dysentery

Second (Immediate),

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem.

*Date of Burial,* Aug 22 96

*Undertaker,* W. J. Tuckner

*Place of Business,* 6 & S Eutaw *Address,* 213 Hanover

R. Ross Hewes M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 19308 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Rustebury

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 14 *Months,* 3 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 133 S Wolfe St.

*Cause of Death,* First (Primary), Dysentary

Second (Immediate), convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Aug 23 1886

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St *Address,* 52 & 17 Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 14307 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hays

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York City

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 168 Greenmount Ave

*Cause of Death,* {First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 10 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 23d

{*Undertaker,* H. A. Widefeld

*Place of Business,* 100 Greenmount Ave *Address,*

Jno. Brooke Bayne M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 19310 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Aug. 22nd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Mattie Lowden

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 7 *Months,* 1 *Days.*

*Color,* White

*~~Married,~~ Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Camp St Dean Rest

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis Md

*Date of Burial,* Aug 23/86

*Undertaker,* J E Englehart

*Place of Business,* 298 Penna Ave *Address,* Carlton & Baltimore St

Glisan *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

4334

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Frances Lowden

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 19311 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 21 Aug 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hill

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* 11 *Months,* 17 *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} W

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Fred. Co, Md

*Duration of Residence in the City of Baltimore,* Seven years

*Place of Death,* {Give Street and Number.} 137 Wilkens Ave

*Cause of Death,* First (Primary), old age

Second (Immediate), Dropsy

*Duration of Last Sickness,* Three Months

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mangesville R.C.

*Date of Burial,* August 23 1886

*Undertaker,* Chas J Andrews

*Place of Business,* [illegible]

J Thos Hood M. D.
Medical Attendant.

*Address,* 574 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

4333

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Jansit

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94312 *Office of Registrar of Vital Statistics.* Ward 12 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 81 *Years,* ____ *Months.* ____ *Days*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 10 or 12 years

*Place of Death,* {Give Street and Number.} 291 Dolphin st Balto

*Cause of Death,* First (Primary), Senile D

Second (Immediate), Exhaustion

*Duration of Last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* aug 23rd 1886

*Undertaker* Jos B Cook

*Place of Business,* Nor 707 W Baltimore

J. E. Clagett M.D.
Medical Attendant.

*Address,* 36 S. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94313. *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 11

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvia Strauss

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 11 *Months,* ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 250 N. Eutaw St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* About 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Hebrew Cemetery

*Date of Burial,* Aug 23

*Undertaker,* Joseph B Cook

*Place of Business,* 707 Baltimore

E. Lewis M. D.

Medical Attendant.

*Address,* 2 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94314 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22 1886. C

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith May Cohen

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 8 *Months,* —— *Days* 7

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 736 N. Front St.

*Cause of Death,* First (Primary), Cholera Infantum 7

Second (Immediate), Convulsions

*Duration of Last Sickness,* Several Hours

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 23/86

*Undertaker,* J. B. Paulus

*Place of Business,* 66 Fred St Ave *Address,*

J. E. Smithsonian, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9431 5 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT, AUG 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 23rd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmora Bames

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 77 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Wales

*Duration of Residence in the City of Baltimore,* 41 Years

*Place of Death,* {Give Street and Number.} 262 Aisquith St.

*Cause of Death,* First (Primary), Acute Bronchitis complicating Chronic Bronchitis.

Second (Immediate), Exhaustion from disease that incident to old age

*Duration of Last Sickness,* Three Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* Aug. 27th 1886

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Sq

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Chas St & Fort Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94316 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last sickness, is responsible for the presentation of this Certificate [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

LIBRARY DEPARTMENT OF HEALTH AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Brown

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Nr. 28. Hanover St

*Cause of Death,* First (Primary), Tuberculan Consumption

Second (Immediate),

*Duration of Last Sickness,* 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Aug 24th

*Undertaker,* W. H. Wade M. D.

Medical Attendant.

*Place of Business,* 446 East St *Address,* 820 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94317 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* April 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Richardson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years~~, ~~Months~~, 21 Days.

*Color,* Colored

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 256 Mc Donough St

*Cause of Death,* First (Primary), Ivanition,

Second (Immediate),

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 23. 86

*Undertaker,* W W Madden

*Place of Business,* 446 East 20th

Thomas B Evans M. D.
Medical Attendant.

*Address,* 22 Eutaw Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 74318 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 21st 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Fielding

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, Single, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland, 40 years

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} 211 W Fayette st

*Cause of Death,* First (Primary),

Second (Immediate), Pulmonary Consumption

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Long Green Md

*Date of Burial,* aug 24 86

*Undertaker,* John E. Slade

*Place of Business,* Long Green Md *Address,* 76 Eden st

J H Cummings *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94319 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, for which he is requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Malloy

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 46 *Years,* ——— *Months,* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give Street and Number.} 419 E. Lombard

*Cause of Death,* First (Primary), Intemperance

Second (Immediate), . . . . . .

*Duration of Last Sickness,* I cannot say Definitely

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 24th —

*Undertaker,* A. C. R. Bandell

*Place of Business,* York Rd + 6th & Point Lane

Wm Glover M. D.
Medical Attendant.

*Address,* 419 E Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94320 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget McNamara

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 39 years

*Place of Death,* {Give Street and Number.} 108 E. Eager St.

*Cause of Death,* First (Primary),

Second (Immediate), Hemiplegia

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 23d

*Undertaker,* H. P. Wiedefeld

*Place of Business,* 100 Greenmount Ave. *Address,*

Jno. Brooke Bayly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94321 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Courtney

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* 6 *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 70 years

*Place of Death,* {Give Street and Number.} 168 E. Eager st.

*Cause of Death,* First (Primary),

Second (Immediate), Age & Infirmity

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Aug 23d

*Undertaker,* H. C. Winefield

*Place of Business,* 100 Greenmt Ave.

Geo. Brooke Bayly M. D.

Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94322 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Corkey

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days*

*Color,* Col

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 39 Jessica St.

*Cause of Death,* First (Primary), Erysipelas

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 23 1886

*Undertaker,* Alex Hamilton

*Place of Business,* 116 Orchard *Address,* 172 Franklin

Geo. A. Fleming M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94323. *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ?

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 265 S. Ann St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Lot

*Date of Burial,* August 23. 86

*Undertaker,* Felix Brosius

*Place of Business,* 215 S Ann St

John H. Rehberger M. D.
Medical Attendant.

*Address.* # 243 Alice Ann St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94324 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Welfeld

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* ——— *Months,* two *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 114 N. Spring St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Brain Trouble

*Duration of Last Sickness,* 4 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Lloyd St Conjugation

*Date of Burial,* Aug 23 1886

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Balto St

Francis X. Sauer M. D.
Medical Attendant.

*Address,* 105 N. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94325 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Kratz Kratz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* 7 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Brewer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany (11 yrs in Am -

*Duration of Residence in the City of Baltimore,* 11 Years

*Place of Death,* {Give Street and Number.} St. Josephs Hospital

*Cause of Death,* First (Primary), General scale of Surface

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 12 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Pauls cem

*Date of Burial,* Aug 23 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 352 Canton Av *Address,* 188 N Calvert St

Oscar J. Lockery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94326 *Office of Registrar of Vital Statistics.* Ward 3 11.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death.* Aug 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. McCullough

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore.* Life time

*Place of Death,* {Give Street and Number.} 9 Irvin Place

*Cause of Death,* First (Primary), Exhaustion

Second (Immediate), Meningitis

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug. 23, 1886

*Undertaker,* M. A. Gaver

*Place of Business,* 74 S. Bway; *Address,* 2220 E. Balt. St.

H. F. Lusk M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24327

*Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

*Date of Death,* Aug. 21st 1856

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Clarke

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 57 Kankakee

*Cause of Death,* First (Primary), Old age

Second (Immediate), General debility

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's Cem.

*Date of Burial,* Aug. 23, 1856

*Undertaker,* M. A. Dugan

*Place of Business,* 74 S. Bury

P. L. Daniel M. D.
Medical Attendant.

*Address,* 172 E. Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause d date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94328 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if called, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 21 of 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen J Stewart.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* 15 *Years,* — *Months,* 18 *Days*

*Color,* White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* School-girl.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 46 Edmondson Av

*Cause of Death,* First (Primary), Disease of the Heart.

Second (Immediate), Syncope.

*Duration of Last Sickness,* 6 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 24th 1886

*Undertaker,* John L. Thacher

*Place of Business,* No 16 Camden St

Joshua Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94329 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Pettus

*Sex, Male or Female,* {Cross out the word not required in this line.} C

*Age,* 60 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Comb Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give Street and Number.} 112. Sharp

*Cause of Death,* First (Primary), Softening of the Brain

Second (Immediate), Paralysis.

*Duration of Last Sickness,* 12 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 23 1886

*Undertaker,* John L Marlow

*Place of Business,* 150 Lombard

Theodore Cotta M. D.
Medical Attendant.

*Address,* 1410 Eastern Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94330 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hop Kay

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer Dealer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* Forty-eight Yrs.

*Place of Death,* {Give Street and Number.} Broadway & Aliceson St.

*Cause of Death,* First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 25/86

*Undertaker,* Chas S. Fry

*Place of Business,* 87 h Broadway

H. H. Smith M. D.

Medical Attendant

*Address,* 2000 E. Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore, 20

*Permit No.* 94331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 23
BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Joseph~~ A. Penn, (A Penn)

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* ..... *Years,* 5 Wks ~~Months,~~ ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto. City

*Duration of Residence in the City of Baltimore,* 5 Wks.

*Place of Death,* {Give street and number.} #430 Fremont St (N)

*Cause of Death,* First (Primary,) Enteritis

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 5 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 23

*Undertaker,* A. M. Lazzard

*Place of Business,* 251 Pennsylvania Ave

James Bruce M.D.
Medical Attendant.

*Address,* #63 John St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore. 17

Permit No. 94332 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and is requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21 19

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fav. ~~Roman~~ Colman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 0 (?) *Years,* *Months,* *Days*

*Color,* Red

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give Street and Number.} 7 Sulder st

*Cause of Death,* First (Primary), Pleuro-pneumonia

Second (Immediate), Apnoea

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount St Cemetery

*Date of Burial,* 23rd

*Undertaker,* ~~Robert Fisher~~ Fisher & Son

*Place of Business,* 175 West Pratt *Address,* 3rd & Lytle

R W & P Coller M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94333. *Office of Registrar of Vital Statistics.* Ward 7.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Tregeser 13

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ___ *Years,* 4 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 351 N. Central Ave

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemetery

*Date of Burial,* Aug 23, 1886

*Undertaker,* Henry Koch

*Place of Business,* 309 N. Central ave *Address,* Cor Eden & Biddle

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94334 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Hutchins

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* 9 *Months,* 22 *Days*

*Color,* White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* About 36 Years

*Place of Death,* {Give Street and Number.} No 5 Barney Street

*Cause of Death,* First (Primary), Nephritis

Second (Immediate), Dropsy Heart failure

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olive Cemetery

*Date of Burial,* Augt 24th

*Undertaker,* B. Hearle

*Place of Business,* 82 West St.

C. W. Wright *M. D.*
Medical Attendant.

*Address,* 221 N. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94335. *Office of Registrar of Vital Statistics.* Ward 20"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dela May Barnett

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 19 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 245 Mosher St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), X (

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 24th 1886

*Undertaker,* Armstrong & Sons

*Place of Business,* 963 Light

James Bacon M. D.
Medical Attendant.

*Address,* Cor Arlington & Lafayette aves

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94336 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Davis D

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va. ——

*Duration of Residence in the City of Baltimore,* 25 yrs ——

*Place of Death,* {Give Street and Number.} No. 26 Hanover St. ——

*Cause of Death,* First (Primary), Frac. Skull from being acci-

Second (Immediate), dentally by an Elevator

*Duration of Last Sickness,* Instant death. ——

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Aug 24/86

*Undertaker,* Armstrong Bro.

*Place of Business,* 963 Lyon St

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner. ——

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

4337 # Health Department, City of Baltimore.

Permit No. 9[illegible] *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as directed, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr L L. Bitting

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Physician

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* about 8 years

*Place of Death,* {Give Street and Number.} N. Fayette St # 467

*Cause of Death,* First (Primary), Suicide by pistol shot through the right templ—

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Phila Pa

*Date of Burial,* aug 23rd 1886

*Undertaker,* Emory & Mitchell

*Place of Business,* 530 N Fayette St Address.

L L Sparrow M. D.

Medical Attendant. Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Trans. 4335

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

24338 # Health Department, City of Baltimore.

**Permit No.** ~~XXX~~ *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 21. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hoffner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 77 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Superintendent of Greenmount Cemetery

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* About 65 years

*Place of Death,* {Give Street and Number.} Greenmount Cem. opp. Cemetery Gate

*Cause of Death,* First (Primary), Gastro-duodenal catarrh

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 23rd 86

*Undertaker,* Wm J Erskine Bro

*Place of Business,* Park Variety

Geo A Hartman M. D.
Medical Attendant.

*Address,* 305 N Caroline St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

6

Permit No. 94339 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph White. B

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* 5 *Months,* ..... *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} single

*Occupation,* Can Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* life long.

*Place of Death,* {Give Street and Number.} 292 E Fayette St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), .....

*Duration of Last Sickness,* about 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 23d

*Undertaker,* John E Grisse

*Place of Business,* 142 S. Caroline St

D W Cathell M. D.

Medical Attendant.

*Address,* 2 W Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94340 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. AUG 23 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* August 22. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Davis

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* ..... *Years,* 2 *Months,* ..... *Days* 1

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 100 Russell St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 23. 86

*Undertaker,* Geo Ehrens

*Place of Business,* 221 Hanover

W. L. Bond M. D.
Medical Attendant.

*Address,* 617 Shark St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9434 / *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23d 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Nagle.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 92 S. Sharp St.

*Cause of Death,* First (Primary),

Second (Immediate), Gastro-Enteritis

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery.

*Date of Burial,* August 24th 1886

*Undertaker,* Ernst Schlosnan. R. J. N. Tall, M. D.
Medical Attendant.

*Place of Business,* 623 S. Sharp St. Address. 15-2 Sharp St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94342 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1894

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Maria Burgess

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months.* *Days*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Prince George's Co. Md.

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} 444 Parish St.

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate), General Exhaustion

*Duration of Last Sickness,* about 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Prince George Co Md

*Date of Burial,* August 24

*Undertaker,* John H. Owens

*Place of Business,* 172 Park Ave

J. H. Hoffman M. D.
Medical Attendant.

*Address,* 279 W. Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Trans. 4338

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94343 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Story

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* — *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 107 E Cary St

*Cause of Death,* First (Primary), Consumption (2 weeks)

Second (Immediate), Paralysis (Exhaustion)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Aug 24th 1886

*Undertaker,* L. Lubris Schaefer

*Place of Business,* 109 N Fremont *Address,* 857 W Hamburg

Wm Cue *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94344 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E Ferguson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No 406 Caroline Street

*Cause of Death,* First (Primary),

Second (Immediate) Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug. 24: 1886

*Undertaker,* H. Sanderson.

*Place of Business,* 252 Canton Ave. *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9485 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Ludloff Jr (Ludloff)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 30 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 180 Orleans St

*Cause of Death,* First (Primary), Gastro Debility

Second (Immediate), Inanition

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Aug 24/86

*Undertaker,* Wm S. Fry

*Place of Business,* 87h Broadway

D W Cathell M. D.
Medical Attendant.

*Address,* 2 W Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94346 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie E. Link

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* /

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ba.

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 158 Madison Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* German United Cemetery

*Date of Burial,* Augst 24th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Aisquith

Wm. L. Wilson M. D.
Medical Attendant.

*Address,* 1 E Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94347 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John de Boer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Two (2) *Years,* Three (3) *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No 385 Caulon Avenue

*Cause of Death,* First (Primary), Teething

Second (Immediate), Convulsions

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* 5th Reformt Cemtry

*Date of Burial,* August 24th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann

Wm H Clendinen M. D.
Medical Attendant.

*Address,* No 102 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

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18

Permit No. 94348 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ch Dorsey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 24 S. Pulaski St

*Cause of Death,* First (Primary), Stomach

Second (Immediate), Diarrhoea

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Aug 24th

*Undertaker,* John J Cowan

*Place of Business,* 89 Hollins St *Address,*

H. L. Dorsey M. D.
Medical Attendant.

24 W Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of ... on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94349 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21 84

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Randle F. Coate (Pauline)

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days*

*Color,* Blk

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 1 3

*Place of Death,* {Give Street and Number.} H Plum Alley

*Cause of Death,* First (Primary), Inanition

Second (Immediate), ~~2 months~~

*Duration of Last Sickness,* 2 Mts

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn

*Date of Burial,* Aug 24 1884

*Undertaker,* B Whelan

*Place of Business,* 99 Howard St

[redacted] M. D.

*Address,* [redacted]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94351 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* 8. 22. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Thomas

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* ——— *Months,* ——— *Days.*

*Color,* cd

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Washerwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md 32 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 43 Monroe St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* about 2 Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Harpt Cemetery

*Date of Burial,* Aug 24 1886

*Undertaker,* H. H. Case

*Place of Business,* 193 Howard St.

W. H. Osburn M. D.
Medical Attendant.

*Address,* 349 Hill

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9435 / *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Busse

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 33 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 112 Fort Ave

*Cause of Death,* First (Primary),

Second (Immediate), Lunatic Con

*Duration of Last Sickness,* 33 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Wilden Center

*Date of Burial,* August 24

*Undertaker,* B Hark

*Place of Business,* 82 West St

Robert S. Rowe M. D.
Medical Attendant.

*Address,* 333 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 94352 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Kasun

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* *Days*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. C. Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1174 Vincent alley

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Several Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* August 22 1886

*Undertaker,* Wm. Knell Dyer

*Place of Business,* 62 East st

Harvey Gill M. D.
Medical Attendant.

*Address,* 19 Allegheny

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94353 *Office of Registrar of Vital Statistics.* Ward 18th 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Daniel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 2 *Days* V

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 179 Vincent St

*Cause of Death,* First (Primary), Trismus

Second (Immediate), Prostration

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* Aug 23 1886

*Undertaker,* Wm N Bugee

*Place of Business,* 62 East st

J W J Enfar M. D.
Medical Attendant.

*Address,* 394 Lamard st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94354 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Agnes Donaldson

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* — *Years,* 16 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 98 Park Ave

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Convulsions

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 26/86

*Undertaker,* Jas B. Cook

*Place of Business,* 707 N Balto *Address,* 283 ft Lombard

John F. Mechlin M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94355 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kathe Hoplitz

*Sex,* ~~Male~~ / *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* one *Months.* Twenty sise *Days*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 333 S. Sharp Ste,

~~*Duration of Residence in the City of Baltimore,*~~

*Place of Death,* {Give Street and Number.} 333 S. Sharp Ste,

*Cause of Death,* First (Primary), ——

Second (Immediate), Summer-Complaint

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* May 24th 1886

*Undertaker,* Julius Kochler

*Place of Business,* Sharp & Cross Sts. *Address,* 119 Hanover Ste.

F. A. Boehm, M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 92356 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23d 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Chandler

B

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Labour

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore, Md

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 306 Montgomery St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 7 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* August 24 1886

*Undertaker,* Chas. Cutler Ross

*Place of Business,* 75 Cant'l Ave *Address,* J. B. Wible M. D. Medical Attendant. Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

14

Permit No. 94357

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23rd 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcella Burk

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* Dark

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 128 Wagon St.

*Cause of Death,* {First, (Primary,) / Second, (Immediate,)} Marasmus

*Duration of last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Woodlawn~~ Greenlawn

*Date of Burial,* August 24 1884

*Undertaker,* Hercules Ross

*Place of Business,* 915 E. Fayette St.

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 359 Bank St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9435 8. *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Monday Aug 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Holland

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~23~~ 33 *Years,* ~~8~~ *Months,* —— *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give Street and Number.} Hamilton St No 7

*Cause of Death,* First (Primary), ~~8~~

Second (Immediate), Mania Potii (Intemperance)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cemetery

*Date of Burial,* Aug 24th 1886

*Undertaker,* Henry H. Mears

*Place of Business,* # 22 W. Fayette St *Address,* 45 Forrest St

Nathan R. Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the notice below, prior to issue of Blanks on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 94359 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Pinkney

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 2 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore md US

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 53 Chappel st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Congestion of Brain (& Convulsions)

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 24 1886

*Undertaker,* J. C. Locke

*Place of Business,* 59 & Wolf st. *Address,* 242 N Bond

Thos J. Simms M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94360 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 24
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eli Ellinger

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Ellinger.

*Age,* ..... *Years,* ..... *Months,* 14 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 38 Pine St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 38 Pine St

*Cause of Death,* First (Primary), Aunt of Peritonitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Chev. Shalom Jaffe Road

*Date of Burial,* Aug. 24/86

*Undertaker,* Moses Posnitsky

*Place of Business,* 95 Harrison St

*Address,* 85 W. Hayward

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94361 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Natalie Clarke

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} N. W. Cor. Hugh & Lombard Sts

*Cause of Death,* First (Primary), .....

Second (Immediate), Enteric Colitis

*Duration of Last Sickness,* 4 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 25

*Undertaker,* Jacob Ahrens

*Place of Business,* 815 E Balto St *Address,* 75 E Balto St

S. N. Hanck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to Back of Blank Certificate.

# Health Department, City of Baltimore.

Permit No. 94362 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1886 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percival Hollis Warfield

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Seven *Years,* two *Months,* twenty-two *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 244 Preston Street

*Cause of Death,* {First (Primary), Diphtheretic Croup

Second (Immediate),

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 24

*Undertaker,* [illegible]

*Place of Business,* [illegible]

[illegible] night M. D.

Medical Attendant.

*Address,* 221 N. Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 19363 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Aug 22nd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Thompson C.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 55 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Lancaster Penna

*Duration of Residence in the City of Baltimore,* Nine Years

*Place of Death,* {Give Street and Number.} 6 Bath st

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 23 1886

*Undertaker,* William A Ruger

*Place of Business,* 62 East St

Stanley M. D.
Medical Attendant.

*Address,* Cor Park Ave & Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94364 *Office of Registrar of Vital Statistics.* Ward 7 & 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. A. Pitts 73

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 4 Months, 15 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} Central Ave & Pleasant St

*Cause of Death,* First (Primary), Congestion of the Lungs

Second (Immediate), Meningitis (Cerebral)

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity & Greenmount Cemetery

*Date of Burial,* Aug 25th 1886

*Undertaker,* Chr. Bartell & Son

*Place of Business,* 136 E Biddle St

Howard Bruce M. D.
Medical Attendant.

*Address,* 410 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94365 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 23d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie W. Linton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 18 *Years,* *Months,* *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 727 W. Gilmor St

*Cause of Death,* First (Primary), Rheumatism

Second (Immediate), Malignant disease of heart

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* August 26th 1886

*Undertakers,* Stewart & Mowen

*Place of Business,* 35 Park ave *Address,* 41 Boundary & Mt Royal aves

J. H. Gilmore M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94366 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Jesse Woodall

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 7 Months, 17 Days

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 469 Scott St.

*Cause of Death,* First (Primary), Bronchial Catarrh. Whooping Cough & Malaria.

Second (Immediate), Congestion of Brain.

*Duration of Last Sickness,* 3 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mountain View

*Date of Burial,* Aug 26 "

*Undertaker,* Mc Gavern Jno

*Place of Business,* [redacted]

H. K. Webner M. D.
Medical Attendant.

*Address,* 298 N. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

[redacted]

# Health Department, City of Baltimore.

Permit No. 94367 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 24, 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David F. Madden

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pa

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} No. 34 S. Castle St

*Cause of Death,* First (Primary),

Second (Immediate) Meningitis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug. 25th 1896

*Undertaker,* M. Clarke & Son

*Place of Business,* 92 Aisquith *Address.*

M. D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97368 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 23

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William A. Hubbard

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 31 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~

*Occupation,* Waterman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 27 Hemstead Ave

*Cause of Death,* {First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* Aug 24/86

*Undertaker,* C. F. Franzen Son

*Place of Business,* 209 Hanover *Address,* 151 Hanover St

L. C. Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 97369 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 23rd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas McFuly

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days*

*Color,* White

*~~Married,~~ Single, ~~Widow~~ or ~~Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 34 Haw St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 19 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 24th 1886

*Undertaker,* W. Cadogan

*Place of Business,* 527 Hollins St

P. L. Phillips M. D.
Medical Attendant.

*Address* 311 W Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94370 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 18[illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Adams

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Wash Woman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} 655 Orleans St

*Cause of Death,* First (Primary), Acute Bright Disease

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug. 26/86

*Undertaker,* C. Butler & Co

*Place of Business,* 132 N Caroline Address, 800 N Broadway

Wm. E. Russell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94371 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Greatfield

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 66 W. Howard St

*Cause of Death,* First (Primary), Old age

Second (Immediate), Chronic Kidney Disease

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* August 26th 1882

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park Ave *Address,* 2 Cathedral St

J. H. Dedman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94372 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1894

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret H. Critchett

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* ..... *Years,* ..... *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 22 Poultney St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Inanition

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Ph. Memorial

*Date of Burial,* August 25

*Undertaker,* B. Harle.

*Place of Business,* 82 West St.

Theodore Otto M. D.

Medical Attendant.

*Address,* 1 N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94373. *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23" 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Barry

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months.* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Thirty yrs

*Place of Death,* {Give Street and Number.} 176 McHenry St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Prostration

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 24

*Undertaker,* Joseph B Cush

*Place of Business,* 707 W Baltimore

D. F. Phillips M. D.
Medical Attendant.

*Address,* 311 W Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Coroner is respectfully invited to the Regulations below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94374 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 23th August 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Borchert

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime.

*Place of Death,* {Give Street and Number.} S. Registerstreet 63.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Convulsions

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* Aug 25th 1886

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Caroline

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe st. 117.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94375 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Julia Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~two~~ Years, — Months, 4 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} W. 923 E Balto st

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate),

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug. 26th '86 L Pothmann M. D.

Medical Attendant.

*Undertaker,* W. J. Gibson

*Place of Business,* 185 Columbus *Address,* 12 S Eden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. A 94376

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

10 Dawson

*Date of Death,* Aug. 24/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis & Martha Johnson

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Male~~ / Female

*Age,* ~~_____~~ *Years,* ~~_____~~ *Months,* ~~_____~~ / 1 hour

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ Widower

*Occupation,* ~~_____~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 40 Diamond St.

*Duration of Residence in the City of Baltimore,* ~~_____~~

*Place of Death,* {Give street and number} Premature Birth

*Cause of Death,* {First, (Primary,) / Second, (Immediate,)} ~~_____~~

*Duration of last Sickness,* ~~_____~~

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 25 1886

*Undertaker,* J W Chase

*Place of Business,* 178 S. Howard St

Wm B. Rieman M. D.
Medical Attendant.

*Address,* 89 Harlem Ave.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

# Health Department, City of Baltimore.

Permit No. 94377 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK'S OFFICE AUG
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* May 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lloyd Kaulyp

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 9 *Months.* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Entire

*Place of Death,* {Give Street and Number.} 686 Carl St (686 Charles)

*Cause of Death,* First (Primary), Cerebral Congestion

Second (Immediate), Marasmus

*Duration of Last Sickness,* About 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* August 26

*Undertaker,* B. Hall

*Place of Business,* 82 West St

J. K. Wiley M. D.
Medical Attendant.

*Address,* 195 W. Lombard St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94378. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Heer (Male)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* 2 *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} W

*Occupation,* Tailor -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 yrs -

*Place of Death,* {Give Street and Number.} 77 Cross St

*Cause of Death,* First (Primary), Committed Suicide by Hanging

Second (Immediate), himself from bed post while under influence of drink -

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* August 25th

*Undertaker,* B Hall

*Place of Business,* 82 West St

Frank J Flanner M. D.
Medical Attendant.

Coroner

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94379 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24 '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenard Guemper

*~~Sex,~~ Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Stonecutter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 51 S. Castle

*Cause of Death,* First (Primary), Chronic pulmonary

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Aug 26

*Undertaker,* C. Dysert

*Place of Business,* 157 E. Lond *Address,* 245 S. Broadway

J. Boehler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94380 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Callahan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Nothing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give Street and Number.} 176 E. Eager St.

*Cause of Death,* First (Primary), Albuminuria

Second (Immediate), Coma

*Duration of Last Sickness,* About 1/2 hour

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 26th

J. R. Saunders M. D.
Medical Attendant.

*Undertaker,* H. C. Winfield

*Place of Business,* 100 Greenmount Ave *Address,* 102 E. Chase St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94381. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Edgar Wolford

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 9 *Months,* 1 *Days.*

*Color,* Light colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* 9 Months

*Place of Death,* {Give Street and Number.} No 35 Chestnut Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Consumption

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Evergreen

*Date of Burial,* August 25th/886

*Undertaker,* W H Bridder

*Place of Business,* 1141 East St

Benj D Baker M. D.
Medical Attendant.

*Address,* Cor Mulberry & Greene

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94382 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 25 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Co. Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* ... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} # 95 Raborg St.

*Cause of Death,* First (Primary), ,
Second (Immediate), Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Zion Cemetery

*Date of Burial,* August 25.

*Undertaker,* John H. Owens

*Place of Business,* 172 Park St *Address,*

G. G. Shannon *M. D.*
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Section of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94383 *Office of Registrar of Vital Statistics.* Ward 2"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY AUG 27 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Spell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 42 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 27 E. Dr[illegible]

*Cause of Death,* First (Primary), ...

Second (Immediate), Phthisis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 26th 86

*Undertaker,* G. Shane

*Place of Business,* [illegible] *Address,* ...

*M. D.*

Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94384 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Hoerner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 56 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Baker.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 years.

*Place of Death,* {Give Street and Number.} N. W. cor. of Canton Av. & Durham

*Cause of Death,* {First (Primary), Liver disease

Second (Immediate), Dropsy.

*Duration of Last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* Aug. 25. 1884

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Av. *Address,*

A. R. Thomas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...this Certificate.

# Health Department, City of Baltimore.

Permit No. 94385 *Office of Registrar of Vital Statistics.* Ward 1"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Geo. Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 4 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Boston Mass

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} Cor S. Fremont & O'Donnell

*Cause of Death,* {First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* Aug. 26. 1886

{*Undertaker* H. Strider & Son

*Place of Business,* 252 Eastern Ave

Geo. Simmons M. D.
Medical Attendant.

*Address,* 53 Edward St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94386 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1886 BALTIMORE, MD.

*Date of Death,* August 25/886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chloe Ann

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* Black

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Prince Georges County Maryland

*Duration of Residence in the City of Baltimore,* 15 Years.

*Place of Death,* {Give Street and Number.} 81 Druid Hill Avenue

*Cause of Death,* First (Primary), Chronic Gastric ulcer

Second (Immediate),

*Duration of Last Sickness,* Six months to my knowledge

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 26th 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St *Address,*

Geo C Shannon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...this Certificate.

# Health Department, City of Baltimore.

Permit No. 94387 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

HEALTH DEPARTMENT, AUG 25 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th - 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* — *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} /

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cem.

*Date of Burial,* Aug 26 1886

R. H. Goldsmith M. D.
Medical Attendant.

*Undertaker,* John Masterson

*Place of Business,* Division St. *Address,* Harlem Ave & Calhoun

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...this Certificate.

# Health Department, City of Baltimore.

Permit No. 94388. *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th - 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* —— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cem.

*Date of Burial,* Aug. 26. 1886

R. H. Goldsmith M. D.
Medical Attendant.

*Undertaker,* John Marlenee

*Place of Business,* Division St. *Address,* Madison & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94389 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1899 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Wilson -

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male -

*Age,* ——— *Years,* 3 *Months,* 2 1 *Days*

*Color,* Col -

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore -

*Duration of Residence in the City of Baltimore,* Lifetime -

*Place of Death,* {Give Street and Number.} 4 Norris al -

*Cause of Death,* First (Primary), Sero. Dyscrasia, Pyodry. mouth & l

Second (Immediate), Marasmus -

*Duration of Last Sickness,* 2 months -

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Aug 26 1899

*Undertaker,* Wilson & Tyson

*Place of Business,* 62 Eutaw St

E. St. Holbrook, M. D.
Medical Attendant.

*Address,* 185 N. Carey St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore, 3 W

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 94390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miriam Achber

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 92 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married,* ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and number} 234 N. Caroline St

*Cause of Death,* First, (Primary,) General Debility

Second, (Immediate,)

*Duration of last Sickness,* about 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Lloyd St Congregation

*Date of Burial,* August 26th

E W Elam *M. D.*
Medical Attendant.

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Baltimore St *Address,* 85 E Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94391. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella L Brenner

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Brenner

*Age,* ..... *Years,* 5 *Months,* 23 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 396 Druidhill Ave

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* New - Cathedral Cem

*Date of Burial,* 26th August 1886

*Undertaker,* H. H. Jenkins & Sons

*Place of Business,* Park & Saratoga sts

F. E. Chatard M. D.
Medical Attendant.

*Address,* 114 Park Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

this certificate.

# Health Department, City of Baltimore.

Permit No. 44392 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 26 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 25, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Wilmer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 8 months *Months,* ——— *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* Two days

*Place of Death,* {Give Street and Number.} City Hospital Jacks

*Cause of Death,* First (Primary), Foreign body in Trachea

Second (Immediate), Suffocation

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Perrymansville Harford Co Md

*Date of Burial,* Aug 26th 86

*Undertaker,* New Jarvis Hse

*Place of Business,* Fort & Sandy

William R. Gardner M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Trans. 4309

...penalties for neglecting to use blanks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94393. *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Aug 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Clarke

*Sex, Male or Female,* {Cross out the word not required in this line.} X

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} X X X

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} 1021 Stockholm St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Bolt Grove~~ New Cathedral

*Date of Burial,* Aug ~~26th~~ 28th

*Undertaker,* C. F. Krause

*Place of Business,* 209 Hanover *Address,* 151 Hanover St

L. C. Bruch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...this Certificate.

# Health Department, City of Baltimore.

Permit No. 94394 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Nelson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 14 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 342 McDonough St

*Cause of Death,* First (Primary), Enteritis

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 27th 1886

*Undertaker,* A. Pink & Son

*Place of Business,* 1161 N. Gay St *Address,* 800 N. Broadway

Wm. E. Russell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94395 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt. 25/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas R. Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 18 *Years,* 6 *Months.* 16 *Days.*

*Color,* Cd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dayton Howard Co Md

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give Street and Number.} 607 Bruce Ally.

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Malarial fever

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Shanpe Cemetery

*Date of Burial,* Aug 27 1886

*Undertaker,* Alex Hensey

*Place of Business,* 116 Orchard St. *Address,* 193 Pratt St

G W Simms M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

*Permit No.* 94396

OFFICE OF REGISTRAR OF VITAL STATISTICS

19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 24/86,

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida C. Cox

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Year,* Six *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. County

*Duration of Residence in the City of Baltimore,* Nine months

*Place of Death,* {Give street and number.} 24 Whalecoat St.

*Cause of Death,* First (Primary,) Catarrh of Lungs

Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Stamp's Cemetery

*Date of Burial,* Aug 26 1886

W. H. Thompson, M. D.
Medical Attendant.

*Undertaker,* A. J. Heinish

*Place of Business,* Woodyard

*Address* 311 W. Hoffman St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97397 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. E. Norris

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Car Conductor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Charles Co.

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} 248 Brestman

*Cause of Death,* First (Primary), Typhoid Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 23 days

All the above information should be furnished by the Physician.

*Place of Burial,* Co. Station Charles Co Md

*Date of Burial,* Aug 27

*Undertaker,* C. A. Blizzard

*Place of Business,* 241 Eutaw ave

J. H. Collenberg M. D.
Medical Attendant

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Trans. 4340

# Health Department, City of Baltimore.

Permit No. 97398. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm K Eichaltz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* / *Years,* 11 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 2972 Pacca St

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Souden Park Conn

*Date of Burial,* Aug 27 /86

*Undertaker,* W J Tuckner

*Place of Business,* 66 S Eutaw *Address,* 76 S Paca St

I H Emery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94399 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 25 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Welsh

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Market Woman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 88 Granby

*Cause of Death,* First (Primary), Intestinal Obstruction

Second (Immediate), Peritonitis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cemetery

*Date of Burial,* Aug 27th

*Undertaker,* Wm Schaeffer

*Place of Business,* 5, 5, Front St

F. A. Meyer M. D.

Medical Attendant

Address, 1 Dr. Entro

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT AUG 26 1886 BALTIMORE

Permit No. 94400 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25, 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank B. Weir

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 24 *Days.*

*Color,* White.

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 27 So Fulton St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Collapse

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem

*Date of Burial,* Aug 27/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto St Address.

C. D. Nelson M. D.
Medical Attendant.

837 S. Fulton

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Certificate.

# Health Department, City of Baltimore.

Permit No. 94401 *Office of Registrar of Vital Statistics.* Ward 14th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 24 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Stivers

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ Half Hour ~~Days.~~

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 465 Lombard

*Cause of Death,* First (Primary), Heart Failure

Second (Immediate),

*Duration of Last Sickness,* Half Hour.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* aug 26/86

*Undertaker,* J. R. Bloom

*Place of Business,* 707 W. Balto

D. L. Stivers M. D.
Medical Attendant.
Residence 367 N. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...is Certificate.

# Health Department, City of Baltimore.

Permit No. 94402 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 26 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Newman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime ✓

*Place of Death,* {Give Street and Number.} 854 W Pratt st

*Cause of Death,* First (Primary), Gastro enteritis

Second (Immediate), Inanition

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Ce

*Date of Burial,* Aug 27/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto

James Bosley M. D.
Medical Attendant.

*Residence,* 319 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94403. *Office of Registrar of Vital Statistics.* Ward 4 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kearns

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... *Months,* ..... 5 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 11 Albemarle st

*Cause of Death,* First (Primary), Tetanus

Second (Immediate), .....

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Augt 25th 1886

*Undertaker,* Henry W. Mears

*Place of Business,* #22 W. Fayette st *Address,* 1727 E. Balto. st

J. G. Dausch M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...this Certificate.

# Health Department, City of Baltimore.

Permit No. 94404 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary A. Albaugh

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Eighty Three *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No. 315 E. Biddle St

*Cause of Death,* First (Primary), —

Second (Immediate), Old Age

*Duration of Last Sickness,* Sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemitery

*Date of Burial,* Aug 27th

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Balto St *Address,* No 102 N Broadway

Wm H Hendrix *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

94405

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 94405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V. Griffin

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Nurse

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and number.} 359 Saratoga Street

*Cause of Death,* {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

*Duration of Last Sickness,* 7. Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Aug. 27th 1886

{*Undertaker,* 140 Cadogan
*Place of Business,* 237 Mulberry St

Frank P Gemmer M. D.
Medical Attendant.

*Address* 94 N Gruna Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 26 1886 BALTIMORE, MD.

*Permit No.* 94406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11 C

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. McNally

*Sex, Male or Female,* {cross out the word not required in this line.} M

*Age,* ____ *Years,* 18 *Months,* ____ *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 84 Pear Alley

*Cause of Death,* First, (Primary.) Tubercular Meningitis

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Now well.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 27 1886

*Undertaker,* Wm Cadogan

*Place of Business,* 227 Mulberry

Alfred Hanstaed M. D.
Medical Attendant.

*Address,* 228 n Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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# Health Department, City of Baltimore.

Permit No. 94407 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 26 1896
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Green

*~~Sex,~~ Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Rail Road

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 31. Appleton St (S)

*Cause of Death,* First (Primary), Cavitary Bronchitis

Second (Immediate), Pulmonary Congestion

*Duration of Last Sickness,* about 3 week

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brea

*Date of Burial,* Aug 27th

*Undertaker,* John F Cowan

*Place of Business,* 89 Hollins St *Address,*

Chas A Dunbar M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94408. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Sadlak

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 13 Years

*Place of Death,* {Give Street and Number.} No 257 S Ann st

*Cause of Death,* First (Primary),

Second (Immediate), Senility

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 26th 1886

*Undertaker,* F Enach

*Place of Business,* 249 N Durham Address, Cam & Pr

James A Steuart M. D.

~~Attended deceased~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry McM Keuen Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 94409 *Office of Registrar of Vital Statistics.* Ward 18 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 25th August, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Snyder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 75 *Years,* 7 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Shoemaker.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 864 Wilkinson Avenue

*Cause of Death,* First (Primary),

Second (Immediate), Subacular Consumption

*Duration of Last Sickness,* Five years.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 27

*Undertaker,* Andrew Rohde

*Place of Business,* 44 Penna Ave

A. M. Littell M. D.
Medical Attendant.

*Address,* Fayette & Fremont.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...this Certificate.

# Health Department, City of Baltimore.

Permit No. 94410 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 20 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Wilby

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Washer Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All Life

*Place of Death,* {Give Street and Number.} 23 N. Douglass St.

*Cause of Death,* First (Primary), Anasarca

Second (Immediate),

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 26th 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Arch Address, 108 Aisquith St.

Wm A. W. Wayson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Death Certificate.

# Health Department, City of Baltimore.

Permit No. 9241 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 26 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH

*Date of Death,* August 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dugan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 37 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 37 years

*Place of Death,* {Give Street and Number.} 118 Curley St

*Cause of Death,* First (Primary), Dropsy

Second (Immediate), 8 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Boney Bray Cemetery

*Date of Burial,* August 27

*Undertaker,* Michael Doyle

*Place of Business,* No 200 Charles St *Address,* 32 Elmore St

E. J. Cromy M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9472 *Office of Registrar of Vital Statistics,* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Roberts

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 216 S Bethel st

*Cause of Death,* First (Primary), Nephritis

Second (Immediate), Dropsy

*Duration of Last Sickness,* 9 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Aug 27th 1886

*Undertaker,* Wm Blotkamp

*Place of Business,* 233 E Lombard *Address,* Camp H & R

James H Clemens M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKeown Sanitary Inspector

...this Certificate.

# Health Department, City of Baltimore.

Permit No. 9443 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. 26 1886

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Gillman

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* Years, 3 Months, 2 Days

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. U.S.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 4 E 2. E Eager st.

*Cause of Death,* First (Primary), Inanition (Asthenia)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 26. 1886.

*Undertaker,* John Herring

*Place of Business,* 382 Orleans st

Thomas J. Simms M. D.
Medical Attendant.

*Address,* 242 L B Way.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Co-operation of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94414 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

HEALTH DEPARTMENT AUG 26 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 23 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} annie M Wallis

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ... *Years,* 9 *Months,* 21 *Days.*

*Color,* Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 98 Goodsman Alley

*Cause of Death,* First (Primary), Croup

Second (Immediate),

*Duration of Last Sickness,* five Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 26 / 86

Jas A Steuart M. D.
Medical Attendant

*Undertaker,* Robert Sewell

*Place of Business,* ... *Address,* Eutaw & C. R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H. C. Seward M. D.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94415 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Offenheimer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 69 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Boarding House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} (NE) Cor of Paca & Lombard

*Cause of Death,* First (Primary), Stricture of the Oesophagus

Second (Immediate), Inanition

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Harmony

*Date of Burial,* Aug 27 1886

*Undertaker,* Dalbol & Sandrow

*Place of Business,* 77 N Paca *Address,*

A. B. Lucas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...s Certificate.

# Health Department, City of Baltimore.

Permit No. 9446 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas G. Moder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* Five *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 517 Saratoga St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Prostration

*Duration of Last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug. 27th

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 311 N Lanvale St

D. L. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94417 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRARS OFFICE AUG 26 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M. Smith

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Home Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 60 yrs

*Place of Death,* {Give Street and Number.} 25 Warren Ave

*Cause of Death,* First (Primary), Old age and softening of the brain

Second (Immediate), Effusion

*Duration of Last Sickness,* Two yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt Cemetery

*Date of Burial,* Aug 27th 1886

*Undertaker,* Armstrong Penny

*Place of Business,* 263 Light

D. L. Phillips M. D.
Medical Attendant.

*Address,* 311 W Lanvale St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9448. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED AUG 29 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Helen

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 295 Orleans St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* Aug 27 1886

*Undertaker,* H. Sanders & Son

*Place of Business,* 252 Caroline St. *Address,* 2000 E. Balt. St.

G. Glanville Finch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Certificate.

# Health Department, City of Baltimore.

Permit No. 9449 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Camilla Cathell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 17 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 2 Broadway

*Cause of Death,* First (Primary), Septicemia, the result of a Miscarriage due to Bilious Remittent Fever.

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* August 27th 1886.

*Undertaker,* Denny & Mitchell

*Place of Business,* 66 S. Broadway

D. W. Cathell M. D.
Medical Attendant.

*Address,* 2 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94420 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hawkenich

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 69 *Years,* 7 *Months,* 28 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} Philada Road East of Lowes Lane

*Cause of Death,* First (Primary), Chronic Bright's disease

Second (Immediate), Asthenia

*Duration of Last Sickness,* Cannot say definitely

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemt

*Date of Burial,* August 27. 86

*Undertaker,* H. H. Hofmann

*Place of Business,* 63 N. Eden St

S. D. Steer M. D.
Medical Attendant.

*Address,* 907 Caroline Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 94421. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE, AUG. 26, BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt Gaskins

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* One *Years,* Eight *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } 3 Russell Terrace

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid's Ridge Cem.

*Date of Burial,* August 26 1886

*Undertaker* William N. Dugee

*Place of Business,* 62 East St

J. E. Urgehart M. D.
Medical Attendant.

*Address,* 181 Fulton Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94422 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 26 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Florence Wood

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months.* 19 *Days*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 91 n Bethel st

*Cause of Death,* First (Primary), Teething & Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 4 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 27/86

*Undertaker,* Joseph B Forde

*Place of Business,* 841 Madison

F A Warner M. D.
Medical Attendant.

*Address,* 93 Valley st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94423 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 1886-

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria König

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 11 *Months,* 18 *Days*

*Color,* White -

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore -

*Duration of Residence in the City of Baltimore,* Lifetime -

*Place of Death,* {Give Street and Number.} 57 Stockton St -

*Cause of Death,* First (Primary), Chol. Infantum

Second (Immediate), Ex

*Duration of Last Sickness,* 2 wks -

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug. 27

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Baltimore *Address,* 404 Dr. Hill ave -

Frank J. Flannery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 94424 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 25th August 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Nicolassen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 Years, *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Book Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 82 N. Fulton Ave

*Cause of death,* First, (Primary.) Continued Fever

Second, (Immediate,) Inflammation of Brain

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 27th 1886 Wm J. Evans M. D.,

Medical Attendant.

*Undertaker,* Leary & Fulton

*Place of Business,* 530 N. Fayette - *Address,* 209 N. Caroll

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 9445 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 27 1886
BALTIMORE, MD.

E

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Gertrude Wise

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 28 *Days*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 13 Mechanic St Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} (No number) 13 Bowers road (near E. Fairmount and Monmount Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum.

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Israel Cemetery

*Date of Burial,* Aug 25 1886

*Undertaker,* William Dorsey

*Place of Business,* 62 E. Ost. *Address,* .....

Edmund C. Gibbs M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 92426 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 27 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie H. Roop (Ruth)

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* 20 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1428 N. Belmont St.

*Cause of Death,* First (Primary), Indigestion

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* August 27th 1886

*Undertaker,* John J. Andrews

*Place of Business,* 1546 Druid Hill Ave

H. J. Hance M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94427 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT AUG 27 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* aug 25 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liva Dizan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days*

*Color,* w

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Nr

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Wilmington Del

*Duration of Residence in the City of Baltimore,* Fifteen

*Place of Death,* {Give Street and Number.} n° 253 n Eutaw st

*Cause of Death,* First (Primary), nurys exhaustion

Second (Immediate), Paralysis

*Duration of Last Sickness,* Ten Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 27th 1886

*Undertaker,* Wm Weaver

*Place of Business,* 202 N. Eutaw Address, 19 Franklin st

J H Latimer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94428. *Office of Registrar of Vital Statistics.* Ward 8"

HEALTH DEPARTMENT
AUG 27 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Marshall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 34 Years, 1 Months, 23 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 61 E. Biddle St

*Cause of Death,* First (Primary), Typhoid Pneumonia

Second (Immediate),

*Duration of Last Sickness,* About 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bolton cemetery

*Date of Burial,* August 28 1886

*Undertaker,* John W Watkins

*Place of Business,* Bolton

John H. White M. D.
Medical Attendant.

*Address,* 347 N. Broadway.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94429 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 27, BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Kalmey.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Grocer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years.

*Place of Death,* {Give Street and Number.} 260 Lough St.

*Cause of Death,* First (Primary), Typhoid Fever.

Second (Immediate), Perforation of Intestine

*Duration of Last Sickness,* 14 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Lutheran Cemetery Frankford Road

*Date of Burial,* Aug 29th

*Undertaker,* Geo Schilling

*Place of Business,* ~~Ash and Eyrau~~ *Address,* 188 Franklin

J. H. Keller M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94490 *Office of Registrar of Vital Statistics.* Ward 9

CERTIFICATE, AUG 27 1886, BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter E Anderton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 89 N Calvert

*Cause of Death,* First (Primary), Synanche fatis

Second (Immediate), Laryngitis

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Aug 27th 1886

*Undertaker,* Henry W. Means

*Place of Business,* 22 W. Fayette *Address,* 711 7712 Calvert

Geo H Enders M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

~~This Certificate.~~

# Health Department, City of Baltimore.

Permit No. 94431 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

D

*Date of Death,* August 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Donnelly

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 16 *Years,* — *Months.* — *Days.*

*Color,* White

~~*Married, Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* none

V

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 16 Point lane

*Cause of Death,* First (Primary), Malarial fever

Second (Immediate), Congestion of brain

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* Aug 27 1886

*Undertaker,* Henry Hook

*Place of Business,* 609 N. Central Ave *Address,* 41 S. Broadway

Jno. S. Lynch *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94431 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

D

*Date of Death,* Aug 26 —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Willinger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 11 E. St James St

*Cause of Death,* First (Primary),

Second (Immediate), Membranous Croup

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 27, 1886

*Undertaker,* Henry Hoerth

*Place of Business,* 309 Pleasant and *Address,* 197 Aisquith

David E Mayer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94433. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Aug 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. J. Pickering

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 55 N. Patterson Park Ave

*Cause of Death,* First (Primary), Chronic Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 29th 1886

*Undertaker,* Dinny & Mitchell

*Place of Business,* 65 S Broadway

E. B. Britton M. D.
Medical Attendant.

*Address,* 51 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94434 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* 25th August 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Marriott

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 14 *Months,* 2 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 65 Garden St

*Cause of Death,* First (Primary), Teething

Second (Immediate), Meningitis

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 27/86

*Undertaker,* Chas T. Scarff

*Place of Business,* 27 N Eutaw

H. W. Oiling M. D.
Medical Attendant.

*Address,* 364 Madison Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Disease on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 94435 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1896 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hawkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 143 Pierce St

*Cause of Death,* First (Primary),

Second (Immediate), Inflammation of bowels

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount A. Cemetery

*Date of Burial,* August 27th 96

*Undertaker,* Samuel H. Chase

*Place of Business,* 93 S. Eutaw St

L. McKaw M. D.
Medical Attendant.

*Address,* 175 W. Hoffman ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94436 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1886 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Scott

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* 7 *Months,* one *Days.*

*Color,* Black

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 90 N. Dallas st

*Cause of Death,* First (Primary), Scrofula

Second (Immediate), Meningitis

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Henry Clay

*Date of Burial,* Aug 28th

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Wm. L. Russell M. D.
Medical Attendant.

*Address,* 800 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94437 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 27 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Hodges

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* ..... *Months,* ..... *Days*

*Color,* Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,* House maid

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 213 Church st

*Cause of Death,* First (Primary), Carcinoma of Mamma.

Second (Immediate), Hemorrhage, Exhaustion, &c.

*Duration of Last Sickness,* about two years

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* [illegible]

D W Cathell M. D.
Medical Attendant.

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* 2 N Broadway.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94438 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE AUG 27 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian D. Elinore

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower.* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Brooklyn

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 114 Aisquith

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate),

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial* Mount Carmel

*Date of Burial,* Aug. 29th 1886

*Undertaker,* S. Fink Flom

*Place of Business,* 961 W Fayette St *Address,* Register of Vital Statistics

H. Wehner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94439 *Office of Registrar of Vital Statistics,* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Fisher

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.} J

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 370 Ramsay St

*Cause of Death,* First (Primary), Softening of the Brain

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Aug 29 –

*Undertaker,* Jr. Bleeke

*Place of Business,* 707 W Baltimore St

J. G. Leuthenan M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94440 *Office of Registrar of Vital Statistics.* Ward 7"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE AUG 27 1886 BALTIMORE, MD.

14

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Sibot

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland – 19 yrs in America

*Duration of Residence in the City of Baltimore,* 19 yrs

*Place of Death,* {Give Street and Number.} St Joseph's Hospital

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery 17 hours

*Date of Burial,* Aug 28 86

*Undertaker,* H. Finnis

*Place of Business,* 18 Central Ave *Address,* 188 Market

Oscar Haslup *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9444 / *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1886 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27 — 1886. —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Gieg

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Worked in a canning factory ✓

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 yrs. —

*Place of Death,* {Give Street and Number.} No. 78½ Harrison St.

*Cause of Death,* First (Primary), Acute Bronchitis

Second (Immediate), —

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bell's Foundry

*Date of Burial,* Augt 28 1886

*Undertaker,* John W Jenkins

*Place of Business,* Gay & Caroline *Address,* Coroner.

Alexander Hill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94442 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 27 188 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Augst 26th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Comfort Nelson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 75 th McCulloch St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 28/86

*Undertaker,* Stewart & Moore

*Place of Business,* 35 Park Ave

John N[illegible] M. D.
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94443 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 27th. August 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Henry Laupus

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 3 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Widower

*Occupation,* ~~None~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} S. Bond Street / Nro 1141

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 29th

*Undertaker,* H. Engel

*Place of Business,* 19 S. Bond St.

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe St. 117.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 94444 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

# CERTIFICATE OF DEATH.

*Date of Death,* August 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Thisten

*Sex,* ~~Male~~ & Female, {Cross out the word not required in this line.} Female

*Age,* 74 *Years,* ~~—~~ *Months,* ~~—~~ *Days,*

*Color,* White

*Married,* ~~Single,~~ *Widow* & ~~Widower~~ {Cross out the word not required in this line.} Widow

*Occupation* Huckster

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 289 N. Broadway Bro 927 N Broadway

*Cause of Death,* First (Primary),

Second (Immediate) Dysentery

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto, Can.

*Date of Burial,* Aug 29 1886.

*Undertaker* Wm. H. Hickman.

*Place of Business,* 234 E. Gay St. *Address,* 53 Augusta Baltimore

H. P. Yeatts M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of vital statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94445 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. R. Kirkwood

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 70 Years, *Months,* *Days*

*Color,* White

*Married, ~~Single,~~ Widow or ~~Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 31 S. Eutaw St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Prostration

*Duration of Last Sickness,* About four years

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 29th 1886

*Undertaker,* Armistead Bro

*Place of Business,* 263 Light *Address,* 58½ W Fayette St.

G. G. Mitchell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94446 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse L Clouds,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 53 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life,

*Place of Death,* {Give Street and Number.} No 70 North Edrey St.

*Cause of Death,* First (Primary), Pneumonia,

Second (Immediate) Marasmus, & Hemorrhage from the bowels

*Duration of Last Sickness,* One Month.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemtery

*Date of Burial,* Aug 28/86

*Undertaker,* Demby & Mitchell

*Place of Business,* 530 W. Fayette

C. L. Jones M. D.
Medical Attendant.

*Address,* 538 W Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94447 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 26 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Becker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 817 Hanover st

*Cause of Death,* First (Primary), Malarial Dysentery

Second (Immediate),

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* aug 29. 86

*Undertaker,* B Harle

*Place of Business,* 82 Wash[illegible] *Address,* 110 Forest av

C. A. Corbin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 94448 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1896 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sheldon

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 645 Light St

*Cause of Death,* First (Primary), Malarial Fever & Cystitis

Second (Immediate),

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Augt. 27

*Undertaker,* B. Harle

*Place of Business,* 82 West St. *Address,* 110 Fort Ave

Q & A, Curtis M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94449 *Office of Registrar of Vital Statistics.* Ward 18.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 27:

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Weinlich

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 4 *Months,* 11 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Co.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No. 15 Lawson Alley

*Cause of Death,* First (Primary), —

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Johns Cem

*Date of Burial,* Aug 28th 1886

*Undertaker,* Geo. Leonhardt

*Place of Business,* 389 W Pratt *Address,* Cor. Columbia & Fremont Ave.

Chas. A. Leverdier M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physician is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94457 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1886 BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bertha Wilson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 8 *Months,* 14 *Days*

*Color,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

*Duration of Residence in the City of Baltimore,* About 8 months

*Place of Death,* {Give Street and Number.} 186 7th Chester St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Probably intestinal perforation

*Duration of Last Sickness,* About ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* Aug 29 1886

*Undertaker,* Henry Hack

*Place of Business,* 129 W Pratt

J. B. Schwatka M. D.
Medical Attendant.

Address, Bury & Barnes St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ... ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ... h.

[OVER.]

...Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

6

Permit No. 9445 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 28 1886 BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* August 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Schum

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 21 *Days*

*Color,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} Belair Road above Walbrook

*Cause of Death,* First (Primary), Pt bottle fed

Second (Immediate), heat

*Duration of Last Sickness,* about ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Pt Welcome Cem

*Date of Burial,* Aug 29 1886

*Undertaker,* Henry Hoeck

*Place of Business,* 309 N Central Ave Address, 363 E Broadway

J. W. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Respectful Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94452 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1900 BALTIMORE MD

*Date of Death,* August 27th 1900

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Stoltz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 5 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 189 Forrest St

*Cause of Death,* First (Primary), Acute Pneumonia

Second (Immediate), Asthenia

*Duration of Last Sickness,* Two (2) days

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Cemetery

*Date of Burial,* Aug 28th

*Undertaker,* Geo Schilling

*Place of Business,* 1 Ashland Square

Coblentz M. D.
Medical Attendant.

*Address,* 189 W Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ease see List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94453 *Office of Registrar of Vital Statistics,* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 28 19.. BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27 — 26

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agusta Meades

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ..... *Months.* ..... *Days*

*Color,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 806 Schneiders. Ct

*Cause of Death,* First (Primary). Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Two (2) Years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews Cem.

*Date of Burial,* 28th August, 26

*Undertaker,* Henry Hofmann

*Place of Business,* 63 N. Eden St. *Address* 10 N Broadway

E H Pulliam M. D.

~~Medical Attendant.~~ Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ithin twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as r as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and e cause and date of death.

[OVER.]

No. 7445

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94454 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roth

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} N. E. Cor Edw & McElderry Sts

*Cause of Death,* First (Primary), Scarlatina & Diphtheritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* August 29 1886 D. Stoner M. D.

Medical Attendant.

*Undertaker,* John Kinnaig

*Place of Business,* 352 Eden Address, Cor Caroline & Aisq

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94455

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94455 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard J Krebs

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 1 *Years,* 3 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 172 E Mad" St,

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 29th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Fremont Ave Address, 191 Aisquith St

David V Hoge M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94456 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 28 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Juliana M Scott

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* *Months,* *Days*

*Color,* W

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 222 N Calvert

*Cause of Death,* First (Primary), old age

Second (Immediate), Asthenia

*Duration of Last Sickness,* Eight Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* Aug 30th 1886

*Undertaker,* Helfenstein Bros

*Place of Business,* Park & Saratoga

F. E. Chatard M. D.
Medical Attendant.

*Address,* 114 Park Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94457 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 28 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH

*Date of Death,* Aug 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Henderson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 344 N. Eutaw st

*Cause of Death,* First (Primary), old age

Second (Immediate), Acute indigestion with heart failure

*Duration of Last Sickness,* about ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 30th 1886

*Undertaker,* H. Hopkins & Sons

*Place of Business,* Park & Saratoga

William Lee M. D.
Medical Attendant.

*Address,* 339 N. Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 24458. *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD.

C

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Adelmonia Crouse

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* 4 *Months,* *Days.*

*Color,* W

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Wood. Hotel. Green & St Mary Sts

*Cause of Death,* First (Primary), Typhoid Fever with Pneumonia

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 29th 1886

*Undertaker* Jno. F. Weaver

*Place of Business,* 202 N. Eutaw

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Av.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Respectful attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94459 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aug. Fred. Ernst Mueller.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 2 *Days* 6

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 74 Garrett Ave Balto. City. Locust Point

*Cause of Death,* First (Primary), }
Second (Immediate), } Marasmus.

*Duration of Last Sickness,* Since Birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery.

*Date of Burial,* 28th Aug.

*Undertaker,* Wm Nicolaus.

*Place of Business,* 258 Aliceanna

Geo. A. Strand, M. D.
Medical Attendant.

Address, Hanover & Hamburg Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...spection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 94460 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1890 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28. 90.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Connell

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 5 *Months,* ... *Days.*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 84 Fulton St

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), Suffocation

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 29

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore *Address,* 657 N. Eutaw St

F. N. Wilson M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ion of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94461 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V. Thornton

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* 15 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 483 Penna Ave

*Cause of Death,* First (Primary), Fibroid Tumors in the abdomen

Second (Immediate), Heart failure, owing to dropsical effusion

*Duration of Last Sickness,* Been ailing constantly for nine years

All the above information should be furnished by the Physician. Confined to bed about 8 months

*Place of Burial,* London Park

*Date of Burial,* Aug 28th 1886

*Undertaker,* Austin Chew

*Place of Business,* 963 Light

Elias L Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Respectful attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94462 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myrtle Ledley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 61 Leech

*Cause of Death,* First (Primary),

Second (Immediate), Meningites Tuberculus,

*Duration of Last Sickness,* 7 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 29th 1886

*Undertaker,* Armstrong & Dunn

*Place of Business,* 263 Light

Theodore Cook M. D.
Medical Attendant.

*Address,* 62 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94463. *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT ... TIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Lunch

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 67 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 635 Lexington St

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Paralysis

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* Aug 29th

*Undertaker,* F. M. Tolls

*Place of Business,* #131 Hanover St *Address,* [illegible]

[illegible] *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...spectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94464 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick J Gormely

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 7 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bacto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 5 Walnut ave

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* Aug 29

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle *Address,* 20 W. Biddle St

T. Winslow M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94465 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT REGISTERED BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada M. Henry

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* — *Months,* — *Days*

*Color,* Wh

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York State

*Duration of Residence in the City of Baltimore,* Seven years

*Place of Death,* {Give Street and Number.} 238 E. Fayette St.

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* Aug 30th 1886

*Undertaker,* Wm S Fry

*Place of Business,* 81 N. Broadway

E P Burton M. D.
Medical Attendant.

*Address,* 41 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94466 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. C. Rainor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 90 Struppe st. Canton

*Cause of Death,* First (Primary), Acute Catarrh

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Pats Cemetery

*Date of Burial,* Aug 28th 1886

*Undertaker,* H. F. & H. J.

*Place of Business,* 81 N. Broadway

R. W. Mumford M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94467 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anna Zabel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 6 *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 450 E. Monument st

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 450 E. Monument st

*Cause of Death,* First (Primary), Convulsion

Second (Immediate), —

*Duration of Last Sickness,* Sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 28th 1886

*Undertaker,* H. Sanders Son

*Place of Business,* 252 Canton ave

Jas E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94468 *Office of Registrar of Vital Statistics* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* August 27th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 37 *Years,* 0 *Months,* 0 *Days.*

*Color,* Light Copper

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Well Digger

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond, Va

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give Street and Number.} No 24 Lenkins Alley

*Cause of Death,* First (Primary), Complication of Liver & Lungs

Second (Immediate), Emphysema

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 28th 86

*Undertaker* Alex Hemsley

*Place of Business,* Merchant St *Address.* Cor Hill Alley & Green St

Benj A Bohner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94469 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 - 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Wesley

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months.* 5 weeks *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* {Give Street and Number.} No 3 Bowdoin alley

*Cause of Death,* First (Primary), Germal Debility

Second (Immediate),

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 28 1886

*Undertaker,* Alex Hensely

*Place of Business,* 116 orchard st — *Address,* 92 Mosher St

E. Fawcett M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9447[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94470 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Lillian Garrett

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 12 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 293 N. Hoffman

*Cause of Death,* First (Primary), Acute Meningitis

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Cemetery

*Date of Burial,* Aug 29 1886

*Undertaker,* Alex Hendry

*Place of Business,* Merchandise

L. D. Harris M. D.
Medical Attendant.

*Address,* 558 N. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24471 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Page

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

*Age,* 43 *Years,* — *Months,* — *Days*

*Color,* Black

~~*Married, Single,*~~ ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Maryland General Hospital

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 4 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* W. O. Cemetery

*Date of Burial,* Aug 28, 86

*Undertaker,* Jno. F. Meacham

*Place of Business,* Health Office

Gustav Dill M. D.
Medical Attendant.

*Address,* Md Gen Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94472 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Anderson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* Blk

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 13 yrs

*Place of Death,* {Give Street and Number.} 209 Hanbury

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Apnoea

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* August 29 1886

*Undertaker,* Hercules Ross

*Place of Business,* 45 E Lanvale St

R W Ellis M. D.
Medical Attendant.

*Address,* 313 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94473 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE AUG 28 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH. a

*Date of Death,* Aug 27 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob nicholson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 10 *Months,* 5 *Days.*

*Color,* White Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Minister of the Gospel

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} 194 H Commerce

*Cause of Death,* First (Primary),

Second (Immediate), Cancer of Stomach

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery.

*Date of Burial,* August 31 1886

*Undertaker,* Hercules Foss

*Place of Business,* 95 Eastern Ave. *Address,* 116 Hanover St.

Heredon Cotton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94474 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Friday Afternoon 2 Oclk Aug 27 /85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Brown

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* ... *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 6 Grindall & Orch

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 27 1885

*Undertaker,* Hercules Ross

*Place of Business,* 45 E Eager St

Helen Hall M. D.
Medical Attendant.

*Address,* Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 94475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF HEALTH, AUG 28 1886, BALTIMORE, MD.

10

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bayly

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Fauquier Co Virginia

*Duration of Residence in the City of Baltimore,* do not know 20 Yrs

*Place of Death,* {Give street and number} 447 Saratoga st.

*Cause of Death* { First, (Primary,) ... Second, (Immediate,) as well as I can judge. The cause of death was destitution

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Luth. Cem. 84.

*Date of Burial,* Aug. 28th

Geo C Ogle M. D.
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 20 Balto *Address,* 229 St Cary St,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94476 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27 — 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Kemp

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give Street and Number.} # 44 Argyle Ave

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 29th 1896

*Undertaker,* A Rohde

*Place of Business,* 48 Lemmon

J. N. Clark M. D.
Medical Attendant.

*Address,* B. Bridge

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...especially invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94477 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG. 29 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B. Harrison

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 7 *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 1 Yr - 4 Mo - 7 days

*Place of Death,* {Give Street and Number.} 102 Bedford alley

*Cause of Death,* First (Primary), Albuminuria

Second (Immediate), Uraemic Convulsions

*Duration of Last Sickness,* one Month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Court

*Date of Burial,* Aug 29/86

*Undertaker,* Joseph E Jacks

*Place of Business,* 59 S Wolf st Address, 346 E Balto st

C. P. Goodman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94478 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elma Daniel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... ~~*Months,*~~ 2 *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} ✓

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 124 Ramsay St

*Cause of Death,* First (Primary), ...

Second (Immediate) Cholera Infantum

*Duration of Last Sickness,* two (2) days.

All the above information should be furnished by the Physician.

*Place of Burial,* Christ Church

*Date of Burial,* Aug 29/86

*Undertaker,* Evans & Spence

*Place of Business,* ...

D. L. Shuter M. D.
Medical Attendant.

*Address,* 84 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94479

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94479 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. AUG 30 1880

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weibert

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 9 *Months,* — *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} . . . . .

*Occupation,* . . . . . 1

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ellicott City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 331 N Central Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Marasmus

*Duration of Last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemtr

*Date of Burial,* Aug 29, 1880

*Undertaker,* Henry Hoch

*Place of Business,* 309 N Central Ave *Address,* Eager & Caroline Sts

L. W. Sauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9448

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 92480 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 28 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Blashkis Key

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* City (3) 3 months

*Place of Death,* {Give Street and Number.} 156 Hanover St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* One 1/2 day

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* August 29, 86

*Undertaker,* F. Sherwood

*Place of Business,* 315 S Paca St

E H Ruddy M. D.

~~*Medical Attendant*~~ Coroner

*Address,* 101 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9448 1 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Golembefski

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 22 *Years,* ~ *Months,* ~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 14 days

*Place of Death,* {Give Street and Number.} # 146 Hare St. Canton

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid Malarial Fever

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Conv

*Date of Burial,* August 29, 86

*Undertaker,* Felix Bierschauer

*Place of Business,* 215 S Ann St.

John H. Rehburg M. D.
Medical Attendant.

*Address.* 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94482 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1886 BALTIMORE

## CERTIFICATE OF DEATH.

a

*Date of Death,* August 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Callin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, ~~Months~~, 20 hours. ~~Days~~

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 41 N. Arlington Avenue

*Cause of Death,* First (Primary) Imperfect development of heart

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 30 1886

*Undertaker,* S. McLeonard

*Place of Business,* 732 W. Balto

H. Wright M. D.
Medical Attendant.

*Address,* 221 N. Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94483

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94483 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Kyle

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 38 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* Agricultural Implements

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Lewiston, Penna

*Duration of Residence in the City of Baltimore,* Ten Years

*Place of Death,* {Give Street and Number.} 307 W. Carrollton Ave

*Cause of Death,* {First (Primary), Phthisis Pulmonalis.
Second (Immediate),}

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Lewiston Penna

*Date of Burial,* Aug 30th 1886

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N Front *Residence,* 97 N. Charles St

Thomas L. Shearer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4343 Transit

No. 94484

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94484 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Bowman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* 10 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 136 N Mount St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 136 N Mount St —

*Cause of Death,* First (Primary), deformity of tongue & phonyx

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 30th 1886

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N Howard *Address,* 22 Edmondson

J. M. Huntley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 94485

Especial Attention of Physicians Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94485 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 29 1886 BALTIMORE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt E Parker Parker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 3 *Months,* —— 7 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 721 S. Eutaw st

*Cause of Death,* First (Primary), ——

Second (Immediate), Marasmus

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 30 1886

*Undertaker,* Hercules Post

*Place of Business,* 94 Camden st

Jno D Blake M. D.
Medical Attendant.

*Address,* 108 S Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94486

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94486 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 29 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Lockard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* Three *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 202 N. Carrollton Av.

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Pikesville Balto Co

*Date of Burial,* Aug 29/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 N. Balto St

C. W. Noff M. D.
Medical Attendant.

*Address,* 306 N. Gaylord St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Davis No 4344

...ferred to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94487 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Ewing

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Brewer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 96 Parkin St.

*Cause of Death,* First (Primary), Bright's Disease of Kidneys

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 years.

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 29th

*Undertaker,* John F Cowan

*Place of Business,* 89 Hollins St *Address,* 279 W. Fayette St.

J. H. Hoffman M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94488

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94488 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt. 27/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Hitmuger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* — *Years,* 9 *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifelong

*Place of Death,* {Give Street and Number.} 316 Pratt near Paca

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), —

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Prince George Co Md

*Date of Burial,* Aug 29

G W Ames M. D.

Medical Attendant.

*Undertaker,* C W B Gaar

*Place of Business,* 207 Eutaw ave Address, 193 Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Transit No 43 45

...persons is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9448 9 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th '86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Oliver

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 9 *Days* 7

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 9 Rose St.

*Cause of Death,* First (Primary), Summer Diarrhoea.

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Aug 30th 186

*Undertaker,* C. G. Frame

*Place of Business,* Bank & Wolfe Sts. *Address,* 112 Hanover St.

Spencer H. Free M. D.
Polyclinic
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94490

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94490 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Oliver

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 9 *Months,* 7 *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 9 Rose St.

*Cause of Death,* First (Primary), Summer Diarhoea

Second (Immediate),

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Aug 30th, 186

*Undertaker,* F. G. Frame

*Place of Business,* Bank & Wolfe

Spencer H. Free M. D.
Medical Attendant.

*Address,* 112 Hanover St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 94491

...cially Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 94491 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Beasler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 122 S Washington

*Cause of Death,* First (Primary), .....

Second (Immediate), Diphtheria

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alph. Cem.

*Date of Burial,* Aug. 29th 86

*Undertaker,* G. Frauenheim ..... M. D.

Medical Attendant.

*Place of Business,* Bank & Wolfe *Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 944

...spectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94492 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Michael

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 69 S. Caroline St

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate), Uremia

*Duration of Last Sickness,* Three days Patient St

All the above information should be furnished by the Physician.

*Place of Burial,* St Alph Cem

*Date of Burial,* Aug 30

*Undertaker,* G. France

*Place of Business,* Cor Bank & Ann

S. McShane M. D.

Medical Attendant.

*Address,* 69 E. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94493

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94493 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt. 28, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jaoquin M. Perez.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 6 *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 414 N Caroline St.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 414 N Caroline St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), 4 hours

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* August 30th 1886

Geo. W. Stone M. D.
Medical Attendant.

*Undertaker,* John J. Andrews

*Place of Business,* 164 & 6 Druid Hill Ave *Address,* 193 N Bradford

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9447

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94494 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28, 1866

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Hoole

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 6 *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 Greenwillow

*Cause of Death,* First (Primary), Colera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mark's St Cem

*Date of Burial,* Aug 29th 66 Geo A Gaunt M. D.

*Undertaker,* Alex Hanslin Medical Attendant.

*Place of Business,* 116 Orchard *Address,* 172 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 944[illegible]

Special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94495 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dollenmeyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* 10 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 17 Chesapeake St.

*Cause of Death,* First (Primary), Cholera Morbus with the Natural Symptoms

Second (Immediate), Collapse

*Duration of Last Sickness,* 18 hours -

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Rood

*Date of Burial,* Aug 30

*Undertaker,* Powell Bisset

*Place of Business,* 151 [illegible] Ave

E Driscoll M. D.
Medical Attendant.

*Address,* 328 Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 94496

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94496 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W. Driver

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* 10 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} W

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Centreville Queen Anns Co Md

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give Street and Number.} 252 N Gay St

*Cause of Death,* First (Primary), Heart disease & Pneumonia

Second (Immediate), Typho malaria

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Union Bridge Md

*Date of Burial,* Aug 30th/86

*Undertaker,* J E Mc Guire

*Place of Business,* 298 Penn Ave *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Grant No. 4346

No. 94497

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94497 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Frances Olivia Gilligan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 49 S. Washington St.

*Cause of Death,* First (Primary), Subacute inflammation of stomach terminating in abscess.

Second (Immediate), Abortion

*Duration of Last Sickness,* Seven weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug. 30/86

*Undertaker,* M. A. Saiger

*Place of Business,* 74 S. Broadway

G. Glanville Link M. D.
Medical Attendant.

*Address,* 2000 E. Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 94498

**The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94498 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner~~ if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Brady

*Sex, Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 15 *Years,* *Months,* *Days*

*Color,* Wh

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 5 N. Washington St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Apnoea

*Duration of Last Sickness,* Unknown

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cem

*Date of Burial,* Aug. 29/86

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bway

E. J. Britton M. D.
Medical Attendant.

*Address,* 51 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94499

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94499 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Gifford

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant (Baker)

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 36 yrs.

*Place of Death,* {Give Street and Number.} Yard attached to gate keeper's residence S. W. Cemetery

*Cause of Death,* First (Primary), Cerebral Apoplexy

Second (Immediate),

*Duration of Last Sickness,* Only an hour or two in all probability

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Aug 29th 1886

*Undertaker,* Embry & Mitchell

*Place of Business and Address,* 580 W. Fayette St.

Alexander Hill, M. D.
Medical Attendant.
Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94500 *Office of Registrar of Vital Statistics.* Ward 0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene A Morris

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 13 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* V

*Place of Death,* {Give Street and Number.} 432 E Hoffman st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* Aug 30/86

*Undertaker,* Wm J Fry

*Place of Business,* 21 W Baltimore

M. B. Billingslea M.D.
Medical Attendant.

*Address,* 228 E Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.

No. 7[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 04501 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Boing

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* Years, 1 Months, 8 Days

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 286 N Bond st

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 30 86

*Undertaker,* Am Express

*Place of Business,* 81 W Baltimore

W. B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E Fayette st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94502

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94502 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 30 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 28th Aug. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Dawson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 0 *Months,* 7 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 254 Lexington St

*Duration of Residence in the City of Baltimore,* 7 days

*Place of Death,* {Give Street and Number.} 254 Lexington St

*Cause of Death,* First (Primary), Spasmus neonatorum

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 30th 1886

*Undertaker,* W. J. Gadagan D. H. Feldman M. D.
Medical Attendant.

*Place of Business* 227 Mulberry *Address,* 120 East Bath

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94503. *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 30 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Smith

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Bruce Street # 66

*Cause of Death,* First (Primary), .....

Second (Immediate), Insanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery

*Date of Burial,* Aug 30 1886

*Undertaker,* William Wagner

*Place of Business,* 42 East St *Address,*

G. L. Sparrow M. D.

~~Medical Attendant.~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificat

# Health Department, City of Baltimore.

Permit No. 94504 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled ou* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, i requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* August 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Kimbow

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Sixteen years

*Place of Death,* {Give Street and Number.} 687 Second St.

*Cause of Death,* First (Primary), Typho Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 30 1886

*Undertaker,* Thos. V. Bruce

*Place of Business,* 62 Bond [illegible] *Address.* 606 N Broadway

Wm. L. Russell M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94505 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 27 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Hawkins

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* *Months,* *Days.*

*Color,* Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} 35 Granby n

*Cause of Death,* First (Primary), Tuberculous Consumption

Second (Immediate),

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 30/86

*Undertaker,* William Burns

*Place of Business,* 620 E Fayette St

Wm L. Purnell M. D.
Medical Attendant.

*Address,* 800 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 14506 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the accuracy and fulness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fortbeck (Fritzbeck)

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* 1 *Years,* 6 *Months,* ~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 13 Harris Alley Harris Alley

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Aug 30th 86

*Undertaker,* J. J. Frank

*Place of Business,* Bank & Wolfe St *Address,* 8 E Eden St

E. Whitney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94507 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 30 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dietrich

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 49 S. Madeira alley

*Cause of Death,* First (Primary), Pertussis - Stomatitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 31st 86

*Undertaker,* G. France

*Place of Business,* Bank & Holly *Address,* 49 S. Eutaw St.

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94508 *Office of Registrar of Vital Statistics.* Ward 33

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Clemens

*~~Sex~~, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Fireman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City. Md.

*Duration of Residence in the City of Baltimore,* 37 years

*Place of Death,* {Give Street and Number.} #54. S. Central Ave.

*Cause of Death,* First (Primary), Burns.

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug 31st 86

W. H. Stevens M. D.
Medical Attendant.

*Undertaker,* G. France

*Place of Business,* Pearl & Wolf Sts. *Address,* 157. E. Balto. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7402

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94509 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 30 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday August 28th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Laamie M. Fiegel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 38 *Years,* 11 *Months,* ✓ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ~~Dress Maker~~ Living on Private Means

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 40 Laurel St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Year.

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 31st

*Undertaker,* Geo Schilling

*Place of Business,* Ashland & Lynn

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Charles St & Mount Pleasant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94510 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Fisher

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 14 S Canal

*Cause of Death,* First (Primary),

Second (Immediate), Colitis

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalum

*Date of Burial,* Aug 30th 1896

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Baltimore St *Address,* 1 A.M. Eff Rr

F. G. Berry M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9451 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 28th August 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Summerfield Cottingham.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Thirty (30) *Years,* *Months,* *Days*

*Color,* White.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 322. McCollough St. Balto.

*Cause of Death,* First (Primary), Malarial Cachexia - producing

Second (Immediate), Congestive Chills.

*Duration of Last Sickness,* About Eight Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Aug 30/86

*Undertaker,* Denny & Mitchell

*Place of Business,* 360 N Fayette

Wm C. Van Bibber M. D.
Medical Attendant.

*Address,* 47 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94512 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

C

*Date of Death,* Aug 29

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo C. H. Mabus

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~

*Duration of Residence in the City of Baltimore,* 16 days

*Place of Death,* {Give Street and Number.} ~~65~~ 156 Bond st

*Cause of Death,* First (Primary), Obstruction of Lungs

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Aug 30th 1886

*Undertaker,* Lockard Bro's

*Place of Business,* 131 Broadway

Frank C Bamford M. D.
Medical Attendant.

*Address,* 167 Bank St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9453. *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia A. Bartal,

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 46 years,

*Place of Death,* {Give Street and Number.} 619 Courtland St.

*Cause of Death,* First (Primary), Senile Catarrh,

Second (Immediate), Asthenia

*Duration of Last Sickness,* 12 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem.

*Date of Burial,* Aug 30-86

*Undertaker,* Denny & Nicholson

*Place of Business,* 660 W. Fay't Ave. Address of

J. W. Hook M. D.
Medical Attendant.

635 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 24514 *Office of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

LIBRARY DEPARTMENT AUG 30 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Baxter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Not known

*Occupation,* Seaman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bermuda. Arr. Came in port about ~~four days~~ Since

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} University M'd Hospital

*Cause of Death,* First (Primary), Fall of about 60 ft from rigging to main deck

Second (Immediate), Shock

*Duration of Last Sickness,* about 7 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cy

*Date of Burial,* August 30 1886

*Undertaker,* Jas P Byrne

*Place of Business,* 63 N. Front St

D. L. P. DuBose M. D.

Medical Attendant.

*Address,* University M'd Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

# Health Department, City of Baltimore.

Permit No. 9455 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 30 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Johnson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* dark

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 60 Years

*Place of Death,* {Give Street and Number.} 9 Henry's Court

*Cause of Death,* First (Primary),

Second (Immediate), Hemorrhage from Lungs

*Duration of Last Sickness,* Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shaft & Country

*Date of Burial,* Aug 31/86

*Undertaker,* H Hines

*Place of Business,* Caroline co

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 359 Barre St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of th**

# Health Department, City of Baltimore.

Permit No. 9456 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Doyle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* 8 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

*Duration of Residence in the City of Baltimore,* 13 Years

*Place of Death,* {Give Street and Number.} 19 & Franklin Sts

*Cause of Death,* First (Primary), Hypertrophy of the Heart

Second (Immediate), Dropsy

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug. 31st 1886

Gordon Cotton M. D.
Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* 1203 N. Eutaw *Address,* 146 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore. 13

Permit No. 94517 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Flannagan

*Sex, Male or Female,* {Cross out the word not required in this line.} male.

*Age,* — *Years,* 18 *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 29 S Shroder

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Tubec Meningitis acute

*Duration of Last Sickness,* 4 Days under medical treatment

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem

*Date of Burial,* Aug 30/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto

Atkinson M. D.
Medical Attendant.

Address, 523 Lexington

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...**

# Health Department, City of Baltimore.

**Permit No.** 9458 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH
AUG 30 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Johnson Lowe

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Warwick England

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} 311 William St

*Cause of Death,* First (Primary), Malaria Poisoning

Second (Immediate), Congestive Chill

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* August 30th 1886

*Undertaker,* B Harle

*Place of Business,* 82 West St

D. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Eastland

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Permits for Burials, to the Office ...

No. /

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94519 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 30 1886

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rader

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Dunmanway Cop

*Place of Death,* {Give Street and Number.} 84 Columbia Ave

*Cause of Death,* First (Primary), Teething

Second (Immediate), Inflam of Brain

*Duration of Last Sickness,* [redacted]

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus cem

*Date of Burial,* Aug 31 1886

J H Martin M. D.
Medical Attendant.

*Undertaker,* Hy Sander & Son

*Place of Business,* 252 Canton Av *Address,* 108 Canton Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of [illegible]

# Health Department, City of Baltimore.

Permit No. 94520, *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. JAN 30 1886

D

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Friedicka

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Two (2) *Years,* *Months,* Three (3) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} N.E. Corner Madison and Castle St.

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Convulsions

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Gardenville, Balto Co.

*Date of Burial,* Jan 30/86.

*Undertaker,* J. F. Kenney

*Place of Business,* 125 O'Donnell St. *Address,* Res 102 N. Broadway

Wm. H. Claudius, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

# Health Department, City of Baltimore.

Permit No. 9452 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Lizzie Murray

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 4 *Days*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 354 N Ann St Balt. Md.

*Duration of Residence in the City of Baltimore,* 2y

*Place of Death,* {Give Street and Number.} 354 N Ann St.

*Cause of Death,* First (Primary), Pneumonia Bilat

Second (Immediate), Inanition

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* August 30th 1886

*Undertaker,* Chas E Turner

*Place of Business,* 354 N Ann st

G B Burton M. D.
Medical Attendant.

*Address,* 124 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 94522 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE AUG 30 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Ross.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* Seven *Months.* ——— *Days*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Not any

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Royal Oak, Talbot Co. Md

*Duration of Residence in the City of Baltimore,* About six months

*Place of Death,* {Give Street and Number.} 41 Lancers Alley -

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about four weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Royal Oak

*Date of Burial,* Aug 29 1886

*Undertaker,* Wm Gray

*Place of Business,* 46 Mulberry

Edward Gillaeckenzie M. D.
Medical Attendant.

*Address,* 69 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 94523 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1886

*Full Name of Deceased,* {Write plainly and spell correctly. If an infant not named, give names of parents.} Agnes Devan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 5 *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto ——

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 333 Mulberry

*Cause of Death,* First (Primary), Enteritis Catarrh

Second (Immediate), Heat Prostration

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Bles

*Date of Burial,* Aug. 31st/86

*Undertaker,* M. Cadogan

*Place of Business,* 227 Mulberry St

Medical Attendant.

*Address,* 243 N Lond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94524

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94524 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Aug 29 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Boggs

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Manager of Insurance Co

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dublin Ireland

*Duration of Residence in the City of Baltimore,* About 7 years

*Place of Death,* {Give Street and Number.} N.W. Cor Canton and Spring St

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Haemoptysis

*Duration of Last Sickness,* About a year

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* August 31st

*Undertaker,* Evans & Spear

*Place of Business,* 60 E Balto St

J. B. Schwatka M. D.
Medical Attendant.

Address, N E Cor Bury & Barnes Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94625 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* aug 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Gruntz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give Street and Number.} 498 Lexington St

*Cause of Death,* First (Primary), Enteritis

Second (Immediate), Asphyxia.

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Aug 31st 1886

*Undertaker,* W. Secrest.

*Place of Business,* 119 S. Eutaw

Geo R Graham M. D.
Medical Attendant.

Address, 134 Columbia Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94526 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 29 Aug. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winnie Moore

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 2 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 332 Little Brice st.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetery

*Date of Burial,* August 30 1886

*Undertaker,* William H. Druyer

*Place of Business,* 62 East St

John Hood M. D.
Medical Attendant.

*Address,* 594 W. Fayette st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 74527 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 30 1886
BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Black

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ or Female

*Age,* 80 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~, ~~Single~~, Widow or ~~Widower~~

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U S Maryland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 150 Chestnut al Gaskills

*Cause of Death,* First (Primary), Asthenia

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* August 30 1886

*Undertaker,* William A Rugg

*Place of Business,* 102 East St.

D E Gorsuch M. D.
Medical Attendant.

*Address,* Cor Aisquith & Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

3
2 6

Permit No. 94528 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the present form of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1896

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Adelade Strobeyer

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 74 *Years,* ..... *Months.* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation* X X X

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany 35 Years

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 252 Broadway

*Cause of Death,* First (Primary), Senile Fever

Second (Immediate) .....

*Duration of Last Sickness,* Two Months

the above information should be furnished by the Physician.

*Place of Burial,* Lee Point

*Date of Burial,* August 31

*Undertaker* L. Ahrens

*Place of Business,* 815 E Balt.

Geo. Register, Jr. M. D.
Medical Attendant.

*Address,* 199 E Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94529 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1886 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baby of Adam & Josephine Grace

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Just born ~~*Years*~~, *Months,* Few Minutes *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 21 Forest St Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 21 Forest St Baltimore Md

*Cause of Death,* First (Primary), Hemorrhage of Lungs

~~Second (Immediate)~~,

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Augt 31st

*Undertaker,* John E Grace

*Place of Business,* 1125 Caroline St *Address,* 108 Aisquith Balto

Geo. W. Wagner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94530 *Office of Registrar of Vital Statistics.* Ward 9.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29 — 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonathan W. Scott

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Printer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. 5 S. Calvert St.

*Cause of Death,* First (Primary), Asphyxia, caused by hanging

Second (Immediate), Case of suicide

*Duration of Last Sickness,* Five minutes.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cemetery

*Date of Burial,* Sept 1st 1886

*Undertaker,* John L. McCauley

*Place of Business,* Park & Fayette St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9353 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Land

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* ... *Months,* 9 *Days.* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 16 46 Lookout st

*Cause of Death,* First (Primary), ...

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug. 31st

*Undertaker,* R. Hoole

*Place of Business,* 82 West St.

... *M. D.*
Medical Attendant.

*Address,* ...

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9532 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Clifton Mullen

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 2 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 95 Fort av

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), ...

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* Aug 31 86

*Undertaker,* B. Hall

*Place of Business,* 92 West st

O. A. Cook M. D.
Medical Attendant.

*Address,* 110 Fort av

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 42553 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Moore

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, Months, / Days

*Color,* Col'd

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give Street and Number.} # 46 Haw St

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mark St. Cem

*Date of Burial,* July 31 86

*Undertaker,* Saml Slade

*Place of Business,* Cor. Howard & Hill *Address,* 106 Edmondson av

D. C. Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 94534 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Duffield Robinson

*Sex, Male* ~~Female~~ { Cross out the word not required in this line. }

*Age,* 63 *Years,* 6 *Months,* 7 *Days,*

*Color,* White

*Married,* ~~Single, Widower, Widow~~ { Cross out the word not required in this line. }

*Occupation,* Jeweler

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Phila Penn.

*Duration of Residence in the City of Baltimore,* 34 yrs.

*Place of Death,* { Give street and Number. } # E N. Exeter St.

*Cause of Death,* First, (Primary,) Apoplexy - Malaria

Second, (Immediate) General Debility

*Duration of Last Sickness,* 14 weeks

All the above information should be furnished by the Physician.

*Place of Burial.* St Vincents Cy

*Date of Burial.* August 31 1886

Edwd Condon M. D., Medical Attendant.

*Undertaker.* Jas P Byrne

*Place of Business,* 63 1/2 Hanover Address, # 244 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94535 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Weisenzell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* 5 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Boot Cutter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6½ Years

*Place of Death,* {Give Street and Number.} 276 Hanover St.

*Cause of Death,* First (Primary), Carcinoma

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 7½ Years

All the above information should be furnished by the Physician.

*Place of Burial,* Lancaster

*Date of Burial,* Sept. 31 "

*Undertaker,* R. Hark "

*Place of Business,* 52 West St

Chas. W. Smith M. D.
Medical Attendant.

*Address,* 282 S. Charles St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

1847 Dead

The Special Attention of Physicians is respectfully invited to this ... Certificate.

# Health Department, City of Baltimore.

Permit No. 94536 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Winternitz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* (11) 12 *Years,* 8 *Months.* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City. ✓

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 85 S. Paca St.

*Cause of Death,* First (Primary), Acute albuminuria

Second (Immediate), Chronic Bright's Disease

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Her Sinai Cemetery

*Date of Burial,* Sept 1st 1886

J. E. Clagett M. D.
Medical Attendant.

*Undertaker,* John S. Thacker

*Place of Business,* 150 Camden St. *Address,* 76 S. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94537 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmine Sander

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 7 *Months,* 27 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

V

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 30 Leadenhall St

*Cause of Death,* First (Primary), Diff. Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 2nd

*Undertaker,* Henry Brile

*Place of Business,* Henrietta 81

Wm Gambrill M. D.
Medical Attendant.

*Address,* 1705 S. Charles St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94538. *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie V. Harris

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* — *Months,* — *Days.*

*Color,* Colored.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Teaching

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Easton Shore.

*Place of Death,* {Give Street and Number.} No 127 E Balto st.

*Cause of Death,* First (Primary), Bad Health for Long time.

Second (Immediate), Typho-Malarial Fever

*Duration of Last Sickness,* Under my Care 3 wks 4 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 31. 1886

*Undertaker,* Theo Locke

*Place of Business,* Jefferson & Young

J. Ridgway Foulke M. D.
Medical Attendant.

*Address,* 121 E Balto st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94539 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 30th August 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Shay

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 37 Wirth Pl

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 months

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters Cy

*Date of Burial,* August 31 1886

*Undertaker,* L F Frank & Son

*Place of Business,* *Address,* 101 Burn

H W Wetherup M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94540 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. REGISTERED

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 30. 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fortmann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 7 *Months,* 21 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} S

*Occupation,* Piano Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md since birth.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 224 Dover St

*Cause of Death,* First (Primary), Pleuro-Pneumonia

Second (Immediate), & Exhaustion

*Duration of Last Sickness,* 7 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 1

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore St

A. K. Watts M. D.
Medical Attendant.

*Address,* 242 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94541 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER DEPARTMENT AUG 31 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward A Mooney

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 4 *Years,* 6 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* His Life time

*Place of Death,* {Give Street and Number.} 129 Hanover St

*Cause of Death,* First (Primary), Concussion of the Brain

Second (Immediate), Convulsions

*Duration of Last Sickness,* 8 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Aug 31st 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* 446 Hanover St

Ingold & Co M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 94542

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 94542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Stoddard

*Sex, ~~Male~~ Female,* {cross out the word not required in this line.} Female

*Age,* 76 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 75 years

*Place of Death,* {Give street and number} No 321 W Lombard St.

*Cause of Death,* First, (Primary,) Bronchitis. old age

Second, (Immediate,) debility partly due to the effects of a shock said person which had been experienced upon eleven days previously preceding

*Duration of last Sickness,* ~~All the above information should be furnished by the Physician.~~ Twelve days

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Sept 1st 1886

*Undertaker,* John S Thacker

*Place of Business,* Park & Fayette

J. R. Uhler, M. D.
Medical Attendant.

*Address,* 234 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Necessary to be Made on the Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94543. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mable Long

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ~~ Years, 7 Months. ~~ Days

*Color,* white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 122 Hanover St Locust Point

*Cause of Death,* First (Primary), Cholera Infantum (Haubert)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Holy Cross~~ 1st Evangelical cemetery

*Date of Burial,* Septbr 1st 1886

*Undertaker,* H. C. Saunders Son

*Place of Business,* 252 Carton Ave *Address,* 195 W. Lombard St

J. K. Wiley M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special attention of Physicians is respectfully invited to the [illegible] of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94544 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED DEPARTMENT AUG 31 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 31/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine + Daniel Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* One Month *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 382 Cross St

*Cause of Death,* First (Primary), ———

Second (Immediate), Effects of Protracted Labour

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* August 31

*Undertaker,* H Ross

*Place of Business,* 25 Lombard St

Jno D Blair M. D.
Medical Attendant.

*Address,* 158 Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94545 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Gahagan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White.

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single.

*Occupation,* none.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life-time.

*Place of Death,* {Give Street and Number.} 28 N Dallis St.

*Cause of Death,* First (Primary), Pulmonary Hemorrhage

Second (Immediate), Syncope

*Duration of Last Sickness,* Ailing about two years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Sept 1st 1886

*Undertaker,* Joseph F Byrn

*Place of Business,* 59 N Liberty *Address,* 2 N Broadway

D W Cathell *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94546 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William H McKay

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 5 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* School boy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Gibsons Wharf Fell Street

*Cause of Death,* First (Primary), Accidental Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* 1st Sept 1886

*Undertaker,* J. Bishop

*Place of Business,* 133 Lombard *Address,* 181 N Broadway

C Hall Ruhl M. D.
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9457 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug. 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Roday

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 6 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} #42 Hanover St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Hope Cemetery

*Date of Burial,* Aug. 31

John H. Rehberger M. D.

Medical Attendant.

*Undertaker,* M J Byrd

*Place of Business,* 61 Bo *Address,* #143 Thed Amah

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 94548 *Office of Registrar of Vital Statistics.* Ward 8"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
AUG 31 1886
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria D' McGerry

*Sex,* ~~Male~~, *Female,* {Cross out the word not required in this line.} Female

*Age,* 46 *Years,* — *Months,* — *Days,*

*Color,* White. (Phthisical Diathesis)

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Spinster

*Occupation,* Not any

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and Number.} 214 Maryland Avenue, Balt.e City,

*Cause of Death,* First, (Primary,) Pneumonic Phthisis (chronic)

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial* Bonnie Brae

*Date of Burial,* Sept 1st 1886

*Undertaker,* Hy W. Mears

*Place of Business.* 22 W. Fayette St.

C. Coleman Benson M. D.,
Medical Attendant.

*Address.* 113 N. Charles St. City.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94579 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Higgin Patterson

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

*Age,* 28 *Years,* 5 *Months,* 5 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Merchant (Grocery)

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 219 N Fulton Ave

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Hemorrhage from bowels

*Duration of Last Sickness,* about three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 1st 1886

*Undertaker,* Henry & Mitchell

*Place of Business,* 45'0 W Fayette St *Address,* 554 W Fayette St

L. D. M. Mentzicum M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 92550 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 1925
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1925

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Whyte Thompson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 61 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married ✓

*Occupation,* Dentist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Easton Talbot Co Md.

*Duration of Residence in the City of Baltimore,* 58 years

*Place of Death,* {Give Street and Number.} No 32 S. Eden St

*Cause of Death,* First (Primary), Valvular disease of heart

Second (Immediate), Apoplexy

*Duration of Last Sickness,* several years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery Philadelphia Road

*Date of Burial,* Sept 1st

*Undertaker,* Wm F Schaffer

*Place of Business,* 5 S. Howard St

L Whiteneck M. D.
Medical Attendant.

*Address,* 12 S Eden

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9455 *Office of Registrar of Vital Statistics.* — Ward 2"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 31 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Schultze

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* 11 *Days*

*Color,* white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 65 S Register St

*Cause of Death,* First (Primary),

Second (Immediate), Acute Laryngitis

*Duration of Last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Louis Baltimore Cemetery

*Date of Burial,* ~~Aug~~ Sept. 1. '86

*Undertaker,* M. A. Hayes

*Place of Business,* 74 S. Bway.

Dr C Benzinger M. D.
Medical Attendant.

Address [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 24552 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Henry Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* ..... *Months.* ..... *Days*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} rear of 32 S. Dallas St

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), Embolism

*Duration of Last Sickness,* 15 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 31 1886

*Undertaker,* P. T. Maddux

*Place of Business,* 76 East St

Wm. N. Hill M. D.
Medical Attendant.

*Address,* 196 E Baltimore

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24503 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 31/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert A. Hutchison

~~Sex~~, *Male or ~~Female~~,* {Cross out the word not required in this line.} male

*Age,* 71 *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} married

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bucks Co. Pa.

*Duration of Residence in the City of Baltimore,* 15 Yrs

*Place of Death,* {Give Street and Number.} 69 N. Washington Ave

*Cause of Death,* First (Primary), Mitral Regurgitation

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 Yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Westview

*Date of Burial,* Sept 2nd 86

*Undertaker,* S. W. Leonard & Son

*Place of Business,* 912 N. Balto

Gustav Dill M. D.
Medical Attendant.

*Address,* 614 N. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 94554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. 20

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lavinia Handy

*Sex, ~~Male or Female~~,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 7 *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 376 Mosher av

*Cause of Death,* { First, (Primary,) ____ Second, (Immediate,) Marasmus 4 months

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 1st 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard st

T Edw Janney M. D.
Medical Attendant.

*Address,* 56 N. Green st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94555 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 11 *Months,* ... *Days.*

*Color,* Light African

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Bruce St 505

*Cause of Death,* First (Primary), ?

Second (Immediate), Mal-Nutrition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Sept 1 1886

*Undertaker,* Wilbur V Dorsey

*Place of Business,* 62 East St

L. G. Sparrow M. D.

~~Medical Attendant.~~ Coroner

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 94556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

13

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30. 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give name of parents. } Helen Manning

*Sex,* ~~Male~~ *Female,* { cross out the word not required in this line. }

*Age,* — *Years,* 8 *Months,* 7 *Days.*

*Color,* Black.

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } # 5 Hadon alley.

*Cause of Death,* First, (Primary,) Chalsed Infantum.

Second, (Immediate,)

*Duration of last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Shonpost Cemetery

*Date of Burial,* sept 1 1886

*Undertaker,* William N Dunge

*Place of Business,* 62 East St

Edwin Conway M. D.
Medical Attendant.

*Address,* ~~#~~ 244 Madison A

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to those on the reverse side of this Certificate.

# Health Department, City of Baltimore.

**Permit No.** 9455 7 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cleveland Owings Warfield

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 14 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} Cor. Milliman & Randall Sts.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill C.

*Date of Burial,* Sept 1

*Undertaker,* B. Mark

*Place of Business,* 82 North

Wm A. Coke M. D.
Medical Attendant.

*Address,* 110 Fort Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 94558 *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Johnson.

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

*Age,* 33 *Years,* — *Months,* — *Days,*

*Color,* Colored.

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* 3 Years.

*Place of Death,* {Give street and Number.} 19 Wilmore Alley.

*Cause of Death,* First, (Primary,) Malarial fever.

Second, (Immediate,) Congestive Chill.

*Duration of Last Sickness,* Nine days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 1st 1886

*Undertaker,* Alex Keuble

*Place of Business,* 16 Orchard St

Wm. A. Hoggard M. D.,
Medical Attendant.

(Address) 373 Penna Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94559 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie H. Broome

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* 5 *Months,* 22 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Oxford, England

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} 363 N. Broadway

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 2 1886

*Undertaker,* Chas. Wharton

*Place of Business,* 409 E. Lombard

Prof. F. T. Miles

J. H. White, M. D.

Medical Attendant.

*Address,* 363 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

13
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# Health Department, City of Baltimore.

Permit No. 9456 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Selma Hunter

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 112 Park Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* about 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 1st 1886

*Undertaker,* Geo Lemmon

*Place of Business,* 389 W Balt St *Address,* Carrs Co. Balto City

Jno E Holliday M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94561 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31st 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kuebert

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 31 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married,* ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Hairbuilder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 515 Hanover Ave

*Cause of Death,* First (Primary), Phthisis pulmonum

Second (Immediate), Marasmus

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* Sept 3 1886

*Undertaker,* Henry Hackman

*Place of Business,* 309 N Eutaw *Address,* 245 S. Hanover

Flannin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 94562 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Cummings

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 83 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* { Give street and Number. } Aged Women's Home

*Cause of Death,* First, (Primary,) old Age

Second, (Immediate,) Softening of the brain

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Sept 1st 1886

*Undertaker,* Wm Ensslin, Jr Sons

*Place of Business,* Park Harrison Address, 25 Madison Ave

M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Certificate.

# Health Department, City of Baltimore.

Permit No. 94563 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30th, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Gronau

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 6 mos.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} New Nr. # 602 S. Bond St.

*Cause of Death,* First (Primary),

Second (Immediate), Entero-colitis

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* Septem 1, 86

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* # 243 Aliceanna

John H. Rehbergen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 24504 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Starket

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Engineman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 241 Hollins St.

*Cause of Death,* First (Primary), Concussion of Brain

Second (Immediate), Effusion at Base of Brain & Paralysis

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 3

*Undertaker,* Jos. A. Koch

*Place of Business,* 707 W. Baltimore *Address,* 706 Mansion Ave

John Neff M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 24565 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl altman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, 25 Days

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 68 Burke st

*Cause of Death,* First (Primary), Catarrh fever

Second (Immediate), Convulsions

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Septbr 1st 1886

*Undertaker,* H. Sanderlin

*Place of Business,* 252 Canton ave

R. W. Macofield M. D.
Medical Attendant.

*Address,* 52 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94566 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Cunning

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* 7 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* 2 3/4 years

*Place of Death,* {Give Street and Number.} 5 E. West St.

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents

*Date of Burial,* Sept. 1st 1886

*Undertaker,* Thos Weaver.

*Place of Business,* #202 N. Eutaw

Signed [illegible] M. D.
Medical Attendant.

Address, 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94567 *Office of Registrar of Vital Statistics.* Ward 17 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Stevens

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Was accidentally drowned while fishing on Johnson's Coal Pier - Locust Point -

*Cause of Death,* First (Primary), Accidental Drowning -

Second (Immediate), Asphyxia -

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sct. Patrick

*Date of Burial,* Sept 2nd 1886

Frank J Flannery M. D.

Medical Attendant.

*Undertaker,* Jno. Heuvald Coroner

*Place of Business,* 119 S. Eutaw Address, 404 Dr. Hill ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9458 68

*Office of Registrar of Vital Statistics.*

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freddie Christopher

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 19 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 10 418 Lancaster St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Johnsons Cem.

*Date of Burial,* Sept 1st 86

*Undertaker,* G. Franc

*Place of Business,* Bank & Wolfe St *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94569 *Office of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAMES DRAPER UNDERTAKER BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aloysius Schweiger

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 67 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baden Germany

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give Street and Number.} 312 Aliciana St

*Cause of Death,* First (Primary), Colitis

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Sept 2nd 86

*Undertaker,* G. Franc

*Place of Business,* Franz & Wolfe

P. G. Dauzel M. D.
Medical Attendant.

*Address,* 1727 E. Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...this Certificate.

# Health Department, City of Baltimore.

Permit No. 24570 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 BALTIMORE MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Aug^st 31 1876

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Rieger

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* 4 *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give Street and Number.} 195 S^t Charles 16

*Cause of Death,* First (Primary), Cardiac Dropsy

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Com.

*Date of Burial,* Sept 2^nd 1876 J. H. Webster M. D.

*Undertaker,* C. F. Krauss & Son Medical Attendant.

*Place of Business,* 209 Hanover *Address,* 101 Barnes

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 94571 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Lehr Key Miles

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 22 *Years,* 8 *Months,* 3 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 2 Glenkirn Ct

*Cause of Death,* First, (Primary,) Cancer of Pelvis

Second, (Immediate,) Septicemia

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 2nd 1886

*Undertaker,* Chas H. Ware

*Place of Business,* 98 S. Howard St.

Address 607 E Baltimore St

L. A. Gelis M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 24072 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Kehoe

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 8 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto - Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 31 Willow St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Acute Bronchitis

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 2d

*Undertaker,* H. C. Winfield

*Place of Business,* 100 Greenmt Ave

Geo Bruce Blair M. D.

Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94573. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Cole

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~*Years,*~~ 14 *Months,* ~~*Days*~~

*Color,* Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 14 months

*Place of Death,* {Give Street and Number.} No. 66 Cider alley

*Cause of Death,* First (Primary), ~~Cholera~~

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Druid's Ridge Cemetery

*Date of Burial,* Sept. 1 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Courtland St

F. B. Gardner M. D.

Medical Attendant.

*Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...certificate.

# Health Department, City of Baltimore.

Permit No. 24574 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 2 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Eilbacher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 330 Shark St

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Pneumonia Tuberculous

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Home

*Date of Burial,* Feb 4

*Undertaker,* Lilienthal

*Place of Business,* 120 Lexington St *Address,* 446 Hanover St

Thomas Eyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94575 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* Years, 11 Months, 15 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1352 Cross St

*Cause of Death,* First (Primary),

Second (Immediate), Acute Meningitis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lauden Park

*Date of Burial,* Sep 3-1

*Undertaker,* Henry Boice

*Place of Business,* Henrittte

J. C. Bunch M. D.
Medical Attendant.

*Address,* 15 Hanover St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9457 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Appel

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 63 *Years,* 11 *Months,* 13 *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

*Occupation,* — None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give Street and Number.} 70 Mulliken St

*Cause of Death,* First (Primary), Carcinoma of Pylorus

Second (Immediate), Asthenia &c.

*Duration of Last Sickness,* About one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* 4th Sept 1886

*Undertaker,* Henry Hofmann

*Place of Business,* 63 N. Eden St

R. W. Cathell M. D.
Medical Attendant.

*Address,* 2 W Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore. 12

Permit No. 94577 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

12

## CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George P. Tiffany

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Auditor of Consolidated Gas Company

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 129 W. Lanvale st

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Heart Failure

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 3rd 86

*Undertaker,* Hen J Knabe & Son

*Place of Business,* Park Avenue

W. R. Chew M. D.
Medical Attendant.

*Address,* 841 W. Lanvale st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 94578 *Office of Registrar of Vital Statis.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Clark

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 65 *Years,* ——— *Months,* ——— *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation,* ———

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* { Give street and Number. } 33 Chestnut Ave

*Cause of Death,* First, (Primary,) (Heart disease etc) Rheumatism

Second, (Immediate,) Dropsy General

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Harper-Cemetery

*Date of Burial,* Sept 20 1886

*Undertaker,* Alex Hendry

*Place of Business,* Merchants *Address,* 180 W Baltimore

J. A. Gillis M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94579 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* August 31/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Spriddle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 15 Hunter St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible] Cemetery

*Date of Burial,* Sept 2 1886

C. S. Barr *M. D.*

Medical Attendant.

*Undertaker,* Geo W Perkins

*Place of Business,* [illegible] Cemetery *Address,* 177 Shanks St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9458 0 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
SEP 2
BALTIMORE MD.

*Date of Death,* Sept 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Davis

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 10 Months. Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 41 Forster Alley

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* Six weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 4th 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St Address.

Wm Whitridge M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94581 — *Office of Registrar of Vital Statistics.* — Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Russell McConkey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 11 Months, 10 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 47 E. Collington Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* About 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* Sept. 3 "/86

James F. McShane M. D.
Medical Attendant.

*Undertaker,* M. A. Sapp

*Place of Business,* 45 Henry *Address,* 47 E. Pratt Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94582 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

Cor D

*Date of Death,* September 1/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maria Houstok

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 10 *Months,* 19 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 49 r Duncan Alley

*Cause of Death,* First (Primary), Heart

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Thomas Com.

*Date of Burial,* Sept. 2nd 86

*Undertaker,* G. Trance

*Place of Business,* 1 Jan'r & Wolfe St *Address,*

J. H. Ollenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to seoure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...certificate.

# Health Department, City of Baltimore.

Permit No. 94583. *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Waters

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 15 *Months,* ..... *Days.*

*Color,* White Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 7 Patapsco St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), .....

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Md.

*Date of Burial,* Sept 3rd

*Undertaker,* E. Hall

*Place of Business,* 52 Druid Hill Ave *Address,* 110 Eutaw

Oct 6 Cooke M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94584 *Office of Registrar of Vital Statistics,* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* September 1/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Clark

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* About 30 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~single~~ widow

*Occupation,* housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} 4 Stockholm St.

*Cause of Death,* First (Primary), Malarial Dysentery with

Second (Immediate), miscarriage in extremis

*Duration of Last Sickness,* about 3 wks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept. 3rd 1886

*Undertaker,* C. F. Kranz & Son

*Place of Business,* 209 W. Hanover

Thos. Smith M. D.
Medical Attendant.

*Address,* 281 N. Charles St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94555 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1, 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mahr

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 5 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 5-8 Eleonda St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Cardiac Asthenia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* 3 September 1896

*Undertaker,* John C Schuh

*Place of Business,* 965 Allendale *Address,* 83 Eleonda St

Medical Attendant E Wolcott M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

**Permit No.** 94586 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

a

*Date of Death,* September 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Joseph Siegel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Eighty Five 85 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} Married

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Fifty Four Years (54)

*Place of Death,* {Give Street and Number.} No. 61 Forest Street

*Cause of Death,* First (Primary), —

Second (Immediate), Old Age

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Cemetery of Holly Redeemer

*Date of Burial,* Sept. 5th

*Undertaker,* Geo Schilling

*Place of Business,* Canton Square *Address.* No. 102 N. Broadway

Wm H Claudius M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 94587

*Office of Registrar of Vital Statistics,*

6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 6 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary V Finlayson

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ——— *Years,* 11 *Months,* 14 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* { Give street and number. } #91 North Dallas

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 3d

*Undertaker,* John E. Grace

*Place of Business* 1128 N. Caroline St *Address,* 24 E Baltimore St

F. E. Drake M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94588 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday Sept. 2nd. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant child of Clifton & Margaret Fleming

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 24 hours old ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 47 E. Madison St

*Cause of Death,* First ~~(Primary)~~, This child was a prematur

Second ~~(Immediate)~~, birth, & died from Exhaustion

*Duration of ~~Last Sickness~~,* caused by a lack of development

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 3d

*Undertaker,* Geo Shilling Jr

*Place of Business,* Cor Asquith & Monument

Wilmer L Winter M. D.
Medical Attendant.

Address [redacted] Chas St & Forest Pl

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 94589 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Letitia Morris

*Sex,* ~~*Male or Female.*~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} U.S. South Carolina

*Duration of Residence in the City of Baltimore,* .....

*Place of Death.* {Give street and Number.} 206 Franklin St

*Cause of Death,* First (Primary), Malformation

Second (Immediate), of the heart

*Duration of Last Sickness,* Sixty

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Cemetery

*Date of Burial,* Sep 3.. 86

*Undertaker* Isaac Altfeld

*Place of Business,* 43 E Pratt *Address,* 852 Patapsco

A O Elliott *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 94590 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2 1896.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. W. Brewer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days*

*Color* W. C.

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Stevedore

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* How long

*Place of Death,* {Give Street and Number.} Foot of Gay St

*Cause of Death,* First (Primary), Asphyxia from drowning

Second (Immediate),

*Duration of Last Sickness,* 2 — 3 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Govanstown Balto County

*Date of Burial,* Sept 7 - 1896

*Undertaker,* W W Madden

*Place of Business,* 76 East St

Alexander Still M. D.
Medical Attendant.

*Address,* Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 14591 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Kropf

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 24 *Years,* 8 *Months,* 27 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No 11 Chalmers Alley near Cross St

*Cause of Death,* First (Primary), Tetanus (traumatic)

Second (Immediate), Asthenia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 5th 1886 C. L. Buddenbohn M. D.

Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Floor [redacted] *Address,* 166 S. Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...rtificate.

# Health Department, City of Baltimore.

Permit No. 94592 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2nd, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Matilda Singer

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ~ *Years,* ~ *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 213 Eastern Ave.

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions (Internal)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Schwartze Con.

*Date of Burial,* September 3d

*Undertaker,* H Dispel

*Place of Business,* 151 E. Baltimore St. *Address,* # 243 Alice Anna

John H. Ruhlenger, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94593. *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mete Estella Hopkins

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* 4 *Months,* 20 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} N W Cor Howard & Franklin

*Cause of Death,* First (Primary), Valvular disease of the heart,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 5th 1886

*Undertaker,* Peter F Machen

*Place of Business,* Park Ave & Fayette

J H Cumming M. D.
Medical Attendant.

*Address,* 76 Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...tificate.

# Health Department, City of Baltimore.

Permit No. 94594 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Deans

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 11 *Years,* *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 1244 Chestnut

*Cause of Death,* First (Primary), Pneumonia Bulbi

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral

*Date of Burial,* Sept 3rd

*Undertaker,* J. Hance

*Place of Business,* Bank St *Address.*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 94595 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 CITY OF BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Alfred Spencer

*Sex, Male* ~~*or Female.*~~ { Cross out the word not required in this line. } Male

*Age,* / *Years,* 3 *Months,* —— *Days,*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 1 N. Mount St

*Cause of Death,* First (Primary), Basilar Meningitis —

~~Second (Immediate).~~

*Duration of Last Sickness,* 2 or 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* Sept. 3/86

C. C. McDowell M. D.
Medical Attendant.

*Undertaker* J. B. Cook

*Place of Business,* 707 W. Balto St, Address, 642 W. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...physicians is respectfully invited to the remarks below, and to List of Diseases on ... this Certificate.

# Health Department, City of Baltimore.

Permit No. 94596 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Fullum ~~Mary J. Fullum~~

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* 6 *Months,* *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 30 E. Gilmor St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Sept 4/96

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto

C. McCormick M. D.
Medical Attendant.

Address, 121 W. Monument St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94597 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2/96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Jennings

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 886 N. Pearl

*Cause of Death,* First (Primary),

Second (Immediate), Teething

*Duration of Last Sickness,* Two (2) Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Co

*Date of Burial,* Sept. 3/96

*Undertaker,* J. B. Cook

*Place of Business,* 407 N. Bal. St. *Address,* 387 W. Lombard

A. L. Shuman *M. D.*
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94598 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias B. Oldt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 2 *Months,* 11 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 730 E. Balt. St.

*Cause of Death,* First (Primary), Concussion of Brain

Second (Immediate), Effusion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Athanasius Cem

*Date of Burial,* Sept. 5th

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balt St. *Address,* 306 N. Bond St

O. M. Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94599 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Langhorst

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.} M

*Age,* ——— *Years,* ——— *Months.* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 355 Jefferson Street

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* from birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Sept 3 1886

*Undertaker,* Geo Schilling

*Place of Business,*

C. St. Thomas M. D.
Medical Attendant.

*Address,* 66 E. Baltimore St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94600 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Morton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* — *Months,* — *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Servant girl

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimor

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 248 Cross St

*Cause of Death,* First (Primary), Drowning - accidental

Second (Immediate), Asphyxia -

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Sept 3rd 86

*Undertaker,* Sorrell & Handy

*Place of Business,* 198 West St

Frank J Flannery M. D.
Coroner
Medical Attendant.

*Address,* 404 Dr. Hillary.

While under the influence of liquor fell into a tub of water and was drowned - being unable to extricate herself

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...particular attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 74601 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenor E. Goss

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* ~~*Months,*~~ *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} W. 62½ Penna. Ave.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 5 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 3 1886

*Undertaker,* [redacted]adega

*Place of Business,*

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94602 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother) Martha Woodland
Father) Daniel Woodland

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* — *Years,* — *Months,* 1/2 hour *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 99 Duncan alley

*Cause of Death,* First (Primary), .....
Second (Immediate), Exanition

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* West End Comty

*Date of Burial,* Sept 21st

*Undertaker,* F C Kerchner

*Place of Business,* 30 Patterson Ave

M K Harris M. D.
Medical Attendant.

*Address,* 257 N Stricker St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94603 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Ten Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate), General Anasarca & Exhaustion

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* West Pat Cemetery

*Date of Burial,* Sept 2/86

*Undertaker,* F A Kirkland

*Place of Business,* 2 Hartman Ave

J. Ridley Noll M. D.
Medical Attendant.

*Address,*

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94604 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept. 3. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Amarine,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 165 N Eutaw St.

*Cause of Death,* First (Primary), Gastro-Enteritis (Cholera Inf.)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* Sep 4

*Undertaker,* Jno P Byrne

*Place of Business,* 63 Hanover

F. W. Chambers M. D.
Medical Attendant.

*Address,* 1331 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94605 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3d 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Doring

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* ... *Months,* ... *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 21 Yrs

*Place of Death,* {Give Street and Number.} 19 Collington Ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 5th 1886

*Undertaker,* H. Gaudet & Son

*Place of Business,* 352 Lanvale St *Address,* 246 E Balto St

A Hoffman M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94606 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoff

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 hrs. ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 20 N. Howard St.

*Cause of Death,* First (Primary), Cyanosis

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* Sept 4th 1886

*Undertaker,* H. Saudent Son

*Place of Business,* 252 Carlton Av

R. W. McAuley M. D.
Medical Attendant.

*Address,* 20 N Howard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94607 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept- 2/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Elmer Shipley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 1 *Months,* 14 *Days*

*Color,* White

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 214 Canton ave

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate), asthenia

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Evangelical Conn

*Date of Burial,* Septbr 3rd 1886

*Undertaker,* Geo Lander & Son

*Place of Business,* 252 Canton Av

Jas. E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9760 8 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT, SEP 3 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norma Degan

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 13 *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 782 N. Bath St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* About 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* Sept 4th 1886

*Undertaker,* J. M. Leonardson

*Place of Business,* 782 N Balt *Address,* 306 N. Sharp St

C. M. Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 24609 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Merritt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* — *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ohio — ✓

*Duration of Residence in the City of Baltimore,* 1 year.

*Place of Death,* {Give Street and Number.} House of the Good Shepherd

*Cause of Death,* First (Primary). Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial.* St. Peters Cem

*Date of Burial.* Sept 4/86

*Undertaker,* J. B. Cook

*Place of Business,* 709 & 711 Balto St

Edw F. Michaelson M. D.
Medical Attendant.

*Address,* 283 W Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94610 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 3 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Sept~~ Sept. 2 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Worten

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* 6 *Months,* *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 65 yrs

*Place of Death,* {Give Street and Number.} 4 Johnson Pl

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Sept 5

*Undertaker,* B Ward

*Place of Business,* 62 West St

R H O Elles M. D.
Medical Attendant.

*Address,* 313 Light

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94611 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Hamburger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 76 *Years,* — *Months,* 22 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} 358 Hanover st

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Prostration

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* September 5th

*Undertaker,* F. Hook

*Place of Business,* 82 West St

C. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Paca st.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94612 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Crawford

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 7 *Months,* ——— *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 1410 N Stricker

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 5th 1886

*Undertaker,* Martin Fahey

*Place of Business,* 128 Lombard St

W. K. Warner M. D.
Medical Attendant.

*Address,* 280 N Stricker St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94113

*Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept. 3, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} None Male child of Stephen Hook

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* Five minutes *Days*

*Color,*

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 322 Orleans St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 322 Orleans St

*Cause of Death,* First (Primary), Exhaustion

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Sept. 4th 1886.

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St. *Address,* 1631 Broadway

S. M. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9464 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. B

*Date of Death,* Sept 2 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd. Herget

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 730 Donnell St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* Sept. 4th 86

*Undertaker,* John C. Schuh

*Place of Business,* 265 Alice Address.

E. P. Williams M. D.
Medical Attendant.

63 Ellwood Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 94615 *Office of Registrar of Vital Statistics.* 94615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sep 3. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Baxton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years.* *Months,* *Days.*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 66 N Eutaw st, old No.

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.)

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cemetery

*Date of Burial,* Sept 4 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Courtney St

Archer Alkinson M.D.,
Medical Attendant.

*Address,* 119 N Charles st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

this Certificate.

# Health Department, City of Baltimore.

Permit No. 94616 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 4. 9. 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barnard Cook

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 5 8 *Years,* 11 *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* 0

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give Street and Number.} 243 Baltimore

*Cause of Death,* First (Primary), Phesis

Second (Immediate),

*Duration of Last Sickness,* 1 and 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* September 6

*Undertaker,* B. Wade

*Place of Business,* 62 West St *Address,* 326 Mulberry st

Louis Chas Ham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94617 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 2

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Ripple

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Connecticut

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give Street and Number.} Cor Hanover & Cross St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Sept 6

*Undertaker,* J. Hall

*Place of Business,* 8 West St

J. C. Burch M. D.
Medical Attendant.

*Address.* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94618 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 3 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Saunders

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 71 S. Wolfe St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Old Bonnet

*Date of Burial,* Sep 5

*Undertaker,* W. Dixon

*Place of Business,* 157 E Balto

Ja Chenoweth M. D.
Medical Attendant.

Address, Broadway & Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and time of death.

[OVER.]

# Health Department, City of Baltimore

Permit No. 9469 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kerckenwinkel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 9 Months, 23 Days.

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 20 N. Wolcott

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept 5

*Undertaker,* W. D'Arcy

*Place of Business,* 157 S Bond

P. L. Daniel M. D.
Medical Attendant.

Address, 1727 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94620 *Office of Registrar of Vital Statistics,* Ward 17"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Moffitt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* One Hour & Half Hrs

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 49 Fleet Ave

*Cause of Death,* First (Primary), Premature Birth only

Second (Immediate), 6 Months, Gestation

*Duration of Last Sickness,* Same

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* Sept 4th 1886

*Undertaker,* [illegible]

*Place of Business,* [illegible] St

E B Ibell M. D.
Medical Attendant.

*Address,* 50 Fleet ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 94621 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2 and 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Henson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age.* about 75 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Farm keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md

*Duration of Residence in the City of Baltimore,* about 35 yrs

*Place of Death,* {Give Street and Number.} 3 Plum row, Plum al

*Cause of Death,* First (Primary),

Second (Immediate), Old age

*Duration of Last Sickness,* some time

All the above information should be furnished by the Physician.

*Place of Burial,* Mass at Cemetery

*Date of Burial,* Sept 5th 1886

*Undertaker,* Jas W. Glass

*Place of Business,* 98 Howard St *Address,* Hanover

R. C. Lee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and time of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 94622 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE SEP 4 1886 BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Smith

*Sex,* Male ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 31 *Years,* ..... *Months,* ..... *Days,*

*Color,* Black

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Convict

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} Md Penitentiary

*Cause of Death,* First, (Primary,) Injury to head

Second, (Immediate,) Congestion of the brain

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 6th 1886

*Undertaker,* Saml M. Grace

*Place of Business,* 1916 Forward st.

J. M. Lockwell M. D.
Medical Attendant.

*Address,* 23 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

# Health Department, City of Baltimore.

Permit No. 24623. *Office of Registrar of Vital Statistics.* War 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED SEP 4 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hamilton Guthrie

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 187 N. Caroline St.

*Cause of Death,* First (Primary), Catarrhal Pneumonia

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Sept. 3rd 1886~~ Greenmount

*Date of Burial,* Sep. 5. 1886

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Bway.

G. G. Luck M. D.

Medical Attendant.

*Address,* 2000 E. Lan. Av.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 97624 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel S. Lilly

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 49 E. Eager St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), " Croup.

*Duration of Last Sickness,* 9 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 4th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Greenmount Ave

Edward F. McDevitt M. D.
Medical Attendant.

*Address,* 208 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9 7 625 *Office of Registrar of Vital Statistics.* Ward /

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF BIRTHS SEP 4 1886 REGISTERED

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sep 4 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. S. Gerhardt

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months.* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Book keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} Balto. 220 Chew st

*Cause of Death,* First (Primary), Severe & repeated Colds

Second (Immediate), Tuberculosis of the Lungs

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Lauden Park

*Date of Burial,* Sept 6th

*Undertaker,* Eo Schilling

*Place of Business,* 24 Land-Lyna, *Address,* Waverly Balto Co Md

R G Rankin M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 97626 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4. 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Henry Dorsey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* Dark

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 67 Dunpm Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 5 September

*Undertaker,* Hercules Ross

*Place of Business,* 95 Centre St

Kyle Smith M. D.
Medical Attendant.

*Address,* 357 Park Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 94627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 4 1886 BALTIMORE, MD.

19

# CERTIFICATE OF DEATH.

*Date of Death,* September 3-1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Scroggins

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 14 *Years,* 5 *Months,* *Days.*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md

*Duration of Residence in the City of Baltimore,* 14 years. 5 months.

*Place of Death,* {Give street and number} 76 Vincent Alley.

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia.

*Duration of last Sickness,* 23 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem-

*Date of Burial,* Sept 5th 86

James A. Gwaltney M. D.
Medical Attendant.

*Undertaker,* Mrs Jas. Grady

*Place of Business,* 65 Hull bet Ray *Address,* 410 N. Gilmor St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

6 4

Permit No. 97628. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Weis

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 6 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 367 Orleans St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mountcarmel

*Date of Burial,* Sept 4 1886

*Undertaker,* John Lennig

*Place of Business,* 382 Orleans St

J. H. Collenberg M. D.
Medical Attendant.

*Address,* 344 E. Balto. St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...the special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94629 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 4 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 3. September 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kubesch

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} S. Bethels Court 249

*Cause of Death,* First (Primary), Cyanosis

Second (Immediate),

*Duration of Last Sickness,* during lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian National G.

*Date of Burial,* Sep. 4/86

*Undertaker,* Frank. Leach

*Place of Business,* 249 // Durham

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfert 117.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 74030 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months.* *Days*

*Color,* Blk

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Preacher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 72

*Place of Death,* {Give Street and Number.} 111 S. Caroline St

*Cause of Death,* First (Primary), Old Age

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Sept 9th

*Undertaker,* John E. Grace

*Place of Business,* 111 S. Caroline St. *Address,* 346 E. Balto St.

A. Wolfenden M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 04031 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 4" 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thomas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U. S.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 158 N Dallas st

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Coma

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 5th 1886

*Undertaker,* Henry W. Mears

*Place of Business,* #22 W. Fayette St *Address.* 242

Thomas J. Turner M.D.

M. D.

Medical Attendant.

L. B. Gray

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...spection as to prevention is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24032 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 9th Mo 3d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis M. Fisher

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 85 *Years,* 1 *Months,* 23 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Stove dealer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 54 Years.

*Place of Death,* {Give Street and Number.} 166 E. Baltimore.

*Cause of Death,* First (Primary), Dysteny

Second (Immediate), Congestion Brain

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 6th 1886

*Undertaker,* Henry H. Mears

*Place of Business,* # 22 W. Fayette St *Address,* 306 Madison Avenue.

W. R. Riley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 94683 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. SEP 5 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 3rd

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Robinson

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* ... *Years,* ... *Months,* 40 *Days.*

*Color,* Col *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* None

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 120 N. Register st

*Cause of Death,* { First (Primary,) ... Second (Immediate.) Marasmus

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Sept 5th 1886

*Undertaker,* [illegible]

*Place of Business,* [illegible]

[illegible] M. D.
Medical Attendant.

*Address* 137 Orleans St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dead, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

**Permit No.** 9463 4 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Ld. Kilner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* 7 *Months,* 27 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Wife Insane in Bay View Asylum Entitled to $250 Life Insurance

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 19 Years

*Place of Death,* {Give Street and Number.} 4 Bank St

*Cause of Death,* First (Primary), Adynamia

Second (Immediate), Necrobiosis - Phthisis = Con

*Duration of Last Sickness,* Four Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Com

*Date of Burial,* Sept 6 1886.

*Undertaker,* John Hennig

*Place of Business,* 382 Caroline 1888 E Bald St

A Rupp Shertzer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...rtificate.

# Health Department, City of Baltimore.

Permit No. 9463 5 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1886 BALTIMORE

*Date of Death,* Sept 4. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edelie B Spoutler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 2 *Months,* 27 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 930 E Baltimore St

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Capillary Bronchitis

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 6/86

*Undertaker,* J. B. Cook

*Place of Business,* 1107 E Balto St *Address,* 319 Collins Ave

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94636 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT SEP 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Gaff

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* about 30 minutes *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 950 Washington St

*Cause of Death,* First (Primary), Prematur birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Attended by a Midwife

*Date of Burial,* Sept 5th 1886

*Undertaker,* A. Fink & Son W. B. White, M. D.

Medical Attendant

*Place of Business,* 461 W. Gay St *Address,* 2631 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94637 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT SEP 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4 = 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Greene

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 933 N. Balto St.

*Cause of Death,* First (Primary), Premature birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 6 1886

*Undertaker,* Mr Parkes.

*Place of Business,* 66 Jackson *Address,* 204 N Arrollton Ave

John Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

14

Permit No. 94638 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3d 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Helen Uniack

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 9 *Years,* 8 *Months,* *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 107 N. Arlington Ave

*Cause of Death,* First (Primary), Accident - Fall

Second (Immediate), Fracture of Skull - Concussion of Brain

*Duration of Last Sickness,* 6 hours

All the above information should be furnished to the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* Sept 5th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St

Medical Attendant. M. D.

Address, 12 Arlington Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 74639 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Hawkins

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ... *Years,* ... *Months,* ... *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 91 East St

*Cause of Death,* First (Primary), ...

Second (Immediate), Apo "Infantum

*Duration of Last Sickness,* All ito Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Sept 6" 1886

*Undertaker,* Wm. H. Hickman

*Place of Business,* Gay St

James A. Steuart M. D.

Comm" of Health ~~Medical Attendant~~ Registrar

*Address,* ...

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E. Dunning Inspector

# Health Department, City of Baltimore.

Permit No. 94640 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1886 BALTIMORE

*Date of Death,* Sept 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Denis Kelley

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 1 *Years,* 11 *Months,* 4 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 2 Decatur at Locust Point

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem'y

*Date of Burial,* Sept 5th 1886

P. L. Dausch *M. D.*
Medical Attendant.

*Undertaker,* Daniel Glynn

*Place of Business,* 109 West St *Address,* 1727 E Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94641 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3 — 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Anderson

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 10 yrs.

*Place of Death,* {Give Street and Number.} No. 5 Clark's Alley

*Cause of Death,* First (Primary), Valvular disease of Heart

Second (Immediate), —

*Duration of Last Sickness,* Instant death

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 5 1886

*Undertaker,* Jas C Byrne

*Place of Business,* 63 Emma *Address,* Coroner.

Alexander Hill, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...this Certificate.

# Health Department, City of Baltimore.

Permit No. 9442 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H Lawrence

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~8~~ *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 36 Barnes st.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Inanition

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Ci

*Date of Burial,* Sept 15 86

*Undertaker,* C Frank Coady

*Place of Business,* 249 N Durham St

Wm. B. Ziegler M. D.
Medical Attendant.

*Address,* 282 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94643 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker, requested so to do, by the person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if No Physician.

No Permit can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Friday September 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rigana Goodman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give Street and Number.} Green St No. 40 S.

*Cause of Death,* First (Primary), Cancer Left-breast

Second (Immediate),

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Loyal Y Cemetery

*Date of Burial,* Sept 5

*Undertaker,* L Threws

*Place of Business,* 815 E Baltimore St

Nathan R Smith M. D.
Medical Attendant.

Address. 45 Franklin St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94644 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 6 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Harey

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 1 *Years,* 0 *Months,* ~~0~~ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Widow or Widower~~

*Occupation,* ~~Single~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 2 Colored Alley

*Cause of Death,* First (Primary), ~~Whooping Cough~~

Second (Immediate), Whooping Cough

*Duration of Last Sickness,* 2 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 5th 1886

*Undertaker,* Wm Elsrax

*Place of Business,*

James Lemmon M. D.

Medical Attendant

Comm of Health Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E Dunning Inspector

# Health Department, City of Baltimore.

Permit No. 74645 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Satchel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 21 years

*Place of Death,* {Give Street and Number.} 48 L. Mt Feldman St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 4 1884

*Undertaker,* William A Lingo

*Place of Business,* 62 East Pratt

Samuel Belt M. D.
Medical Attendant.

*Address.* 1314 E Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94646 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah G Kellum

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 1 0 *Months,* 3 *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} — Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 110 N Bethel St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* about 2 months.

All the above Information should be furnished by the Physician.

*Place of Burial,* Green County

*Date of Burial,* Sept 6 1886

*Undertaker,* Wilson & Lynch

*Place of Business,* 62 East St

D W Bethel M. D.
Medical Attendant.

*Address,* 2 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 97647 *Office of Registrar of Vital Statistics.* Ward 21 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pelagia Nickolas

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 6 *Months,* ~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} New Number 602 S. Bond St

*Cause of Death,* First (Primary), ~

Second (Immediate), Cholera Infantum.

*Duration of Last Sickness,* 2 1/2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Septem 6 86

*Undertaker,* Felix Burkowitz

*Place of Business,* 218 S Bond St *Address.* # 428 Aliceanna

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94648 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Klinska

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 40 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation.*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give Street and Number.} No. 320 Canton Av

*Cause of Death,* First (Primary), Typhoid Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Stanislaus Cemetery

*Date of Burial,* September 6, 86

John H. Rehberger M. D.

Medical Attendant.

*Undertaker,* Felix Strzebowski

*Place of Business,* 218 S Ann St *Address,* #143 Alice Annah

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

**Permit No.** 94649 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 26 Years

*Place of Death,* {Give Street and Number.} 115 Goodman

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), 3 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Hill

*Date of Burial,* Sept. 7th

*Undertaker,* Ernest Sloman

*Place of Business,* Shakspear Hill *Address,* 110 Fairmount

A. C. T. Cooke M. D.

Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 94650 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adw. Wheeler (Female)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 14 *Days.*

*Color,* C C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Corner Bikur & Mulberry Charles St & Sharp St alley

*Cause of Death,* First (Primary),

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Sept 5th 1886

*Undertaker,* John H. Emery James A Steuart M. D.
Assistant Attendant

*Place of Business,* 172 Pearl St *Address,* Same

Louis A Steuart
Physician

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 24657 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antony Clark

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Lighterage & Towing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 59 years

*Place of Death,* {Give Street and Number.} No 141 Lombard St

*Cause of Death,* First (Primary),

Second (Immediate), Strangulated Hernia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Sept 7th 86

*Undertaker,* M. Clark & Son

*Place of Business,* 92 S Am *Address,* [illegible]

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No. 9652 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Willgoubs

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Book-keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Oedema of brain

*Duration of Last Sickness,* 8 — 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* 5th German Reform Cemetary

*Date of Burial,* Sept 6 1886

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 94653 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Fritz Neumann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 4 *Months,* 15 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Lancaster P. 103

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 200 Lexington St.

*Cause of Death,* First (Primary), brain congestion

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept. 7.

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle *Address,*

F. W. Heldmann M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94654 *Office of Registrar of Vital Statistics.* Ward 3 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Infant of Annie Harris

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 10 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Infant

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 126 S Carolina St

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 126 S Carolina St

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Hemorrhagic

*Duration of Last Sickness,* During Life

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill

*Date of Burial,* Sept 6th

*Undertaker,* W. D. Lyon

*Place of Business,* 151 E Baltimore *Address,* 88 S Bond St

Medical Attendant. *M. D.*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94653 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 6. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William M. Kemp

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 72 *Years,* ... *Months,* 16 *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Physician

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give Street and Number.} 55 N Green St

*Cause of Death,* First (Primary), Prostatitis Chronic

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Sept 7th 1886

*Undertaker,* Stewart Mowen

*Place of Business,* 35 Park ave

W. F. Kemp M. D.
Medical Attendant.

*Address,* 55 N Green St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94656 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ax

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Lanvale St - # 289

*Cause of Death,* First (Primary), Suicide, by shooting himself through the heart

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Sept 7th 1886

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave *Address,* Boundary Ditt Royal Aves

L. S. Sparrow M. D.

~~Medical Attendant.~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 9465 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 5 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Coates

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* —— *Months,* —— *Days,*

*Colored*

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Seamstress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* {Give street and Number.} 18 Morris al

*Cause of Death,* First (Primary), Invagination of Intestine

Second (Immediate), Asthenia

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* New Market Frederick Co

*Date of Burial,* Sept 6th 1886

C. C. McDowell M. D.
Medical Attendant.

*Undertaker* Alex Hemsley

*Place of Business* 116 Orchard st *Address,* 642 W. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 4353 Fremont [OVER.]

# Health Department, City of Baltimore.

Permit No. 94658 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura J. Coughlin

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* 1

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 47 Luzerne

*Cause of Death,* First (Primary), Cerebro Spinal Meningitis

Second (Immediate), Paralysis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 6 1886

*Undertaker,* H Anderson

*Place of Business,* 252 Carlton Address, 83 Eade W

E. J. Cronin M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94659 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 4th. September 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Jordan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age;* 59 *Years,* 10 *Months,* 19 *Days*

*Color,* white

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Weigersbach, Bayern, Germany

*Duration of Residence in the City of Baltimore,* 33 years.

*Place of Death,* {Give Street and Number.} Alice Anna Street 151.

*Cause of Death;* First (Primary), Marasmus senilis

Second (Immediate),

*Duration of Last Sickness,* Bedrid 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical cem

*Date of Burial,* Sept 6 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Av *Address,* S. Wolfe & 117

William Henkel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9-4660 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6/86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 4 *Months,* —— *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 2 months.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cem.

*Date of Burial,* Sept 6. 1886

R. H. Goldsmith M. D.
Medical Attendant.

*Undertaker,* John Martinson

*Place of Business,* Division St. *Address,* Harlem av. & Calhoun.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible] Back of this Certificate.

# Health Department, City of B[illegible]ore.

Permit No. 94661 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice L. D. Brocning,

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 29 Conway St.

*Cause of Death,* First (Primary), Gastro-Enteritis.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 7 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 6th 1886

*Undertaker,* Armstrong Bros

*Place of Business,* 963 Light

R. J. N. Tall, M. D.
Medical Attendant.

*Address,* 152 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94662 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Oats

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 26 Years

*Place of Death,* {Give Street and Number.} Inst - Little - Sisters Poor

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem'y

*Date of Burial,* Sept 6 1886

Jno Burke Boyle M. D.
Medical Attendant.

*Undertaker,* A Rosenberger

*Place of Business,* 61 Park Ave *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9-4663 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Langly

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city.

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 261 E Pratt

*Cause of Death,* First (Primary), Chronic Bronchitis

Second (Immediate), Acute Phthisis

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 9th 1886

*Undertaker,* Denny & Whitted

*Place of Business,* 65 E Broadway

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9466 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wd? Carroll

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 5 8 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ Widower

*Occupation,* Gardener

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} Leay alley near Light St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Sept 7

*Undertaker,* Michael Doyle

*Place of Business,* No 200 Schroeder *Address,* 15 1/2 Hanover St

L. C. Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 9665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 5. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. F. Watkins

*Sex, Male or Female,* {cross out the word not required in this line.} (Mary F. Watkins)

*Age,* 30 *Years,* — *Months,* — *Days.*

*Color,* white

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 379 Franklin St

*Cause of Death,* First, (Primary,) Consumption of the lungs

Second, (Immediate,) —

*Duration of last Sickness,* 7 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 7th 1886

J. J. King M. D.
Medical Attendant.

*Undertaker,* W. Cadogan

*Place of Business* 227 N. Albemarle St *Address,* 215 N. Carrollton a

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Health Department, City of Baltimore.

Permit No. 24464 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ware

~~Sex,~~ *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co

*Duration of Residence in the City of Baltimore,* Few hours

*Place of Death,* {Give Street and Number.} Balto harbor (Spear Marf)

*Cause of Death,* First (Primary),

Second (Immediate), Drowned accendital

*Duration of Last Sickness,* two to three minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Hill Harford Co.

*Date of Burial,* Sept 7th 1886

*Undertaker,* H N Mears

*Place of Business,* 22 W. Fayette *Address,* Coroner.

Alexander Hill, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Tans * 4354

# Health Department, City of Baltimore.

Permit No. 94667 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Bell Harker

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Three *Years,* Three *Months,* Twenty-eight *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 244 Postman Street

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Pneumonia

*Duration of Last Sickness,* two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 7

*Undertaker,* E. [illegible]

*Place of Business,* 247 Pac ave

H. H. Wright M. D.
Medical Attendant.

*Address,* 221 Aylmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94668 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

*Date of Death,* Sept 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Heymach Kennick

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months.* *Days*

*Color,* White.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Fireman.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 114 S. Central ave.

*Cause of Death,* First (Primary), Cerebral Paralysis.

Second (Immediate),

*Duration of Last Sickness,* about 4 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 7-

*Undertaker,* E H Blizard

*Place of Business,* 201 Penn ave

Truman F Hill M. D.
Medical Attendant.

*Address,* 17 N. Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94669 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Howell

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} female

*Age,* 77 *Years,* 2 *Months,* 23 *Days.*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 55 years

*Place of Death,* {Give Street and Number.} 259 W Fayette

*Cause of Death,* First (Primary), General paralysis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2½ years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 7th 1886

*Undertaker,* Sturgis & Moore

*Place of Business,* 35 Park ave

J. R. Weber M. D.
Medical Attendant.

*Address,* 234 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore. 12

Permit No. 94670 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

13

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Richards.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* (Colored.)

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* during life -

*Place of Death,* {Give Street and Number.} 37 Walnut Alley

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 7/1886

*Undertaker,* Peck Hussey

*Place of Business,* 116 Orchard

A. Ricketts M. D.

Medical Attendant.

*Address,* 515 Pennsylvania Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 24671 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Katarine Heine

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 5 *Months,* *Days*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Switzerland

*Duration of Residence in the City of Baltimore,* Thirty-three ~~33~~ yrs.

*Place of Death,* {Give Street and Number.} 305 N. Bond St.

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery.

*Date of Burial,* Sept. 7th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 249 Alice Ann.

G. G Carroll Lusk M. D.
Medical Attendant.

*Address,* 200 E. Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94672 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Young

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 1 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life-time.

*Place of Death,* {Give Street and Number.} # 26 Potomac St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 8 wks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cemtry.

*Date of Burial,* Septr. 7th 1886

*Undertaker,* Wm Nicolaus

*Place of Business,* 249 Alice Ann St.

John H. Rehberger M. D.
Medical Attendant.

*Address,* # 243 Alice Anne St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 94673 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Doen

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 54 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 50 yrs.

*Place of Death,* {Give Street and Number.} 153 N. Biddle st

*Cause of Death,* First (Primary), Supposed to be Mercurial poisoning

Second (Immediate), Softening of brain, spinal cord. fol. to Locomotor Ataxia

*Duration of Last Sickness,* Eight years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Sept 8th 1886

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

E. St. Hall M. D.
Medical Attendant.

*Address,* 185 N. Carey st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94674 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 7th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Jones.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days*

*Color,* Negro.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} S

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* 5 months.

*Place of Death,* {Give Street and Number.} At Jones Hospital.

*Cause of Death,* First (Primary), Paralysis.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 month.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* Sept 7th 1886 I. J. Freund, M. D.

*Undertaker,* Geo. Rinehart Medical Attendant.

*Place of Business,* Health Office *Address,* N. Monroe Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 24675 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gebhart

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* 7 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 14 McKim St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), 1 Week

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross cemetery

*Date of Burial,* Sept 7. 1886

*Undertaker,* Henry Mc Gunnigle

*Place of Business,* No 8 N Central Av *Address,* 36 Greenmt Ave

C. W Hunter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 24676 *Office of Registrar of Vital Statistics.* Ward 17 of

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 6th Sept 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Lawrence

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 76 Dorsett alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* Sept 7. 1886

*Undertaker,* R Burke

*Place of Business,* 82 West St

H W Webster M. D.
Medical Attendant.

*Address,* 101 Barre

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94677 *Office of Registrar of Vital Statistics.* Ward 17?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death.* September 5 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah D. E. Bettee

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co.

*Duration of Residence in the City of Baltimore,* 19 Years

*Place of Death,* {Give Street and Number.} No 10 Marion st near Lanvale

*Cause of Death,* First (Primary), Bright's dis of Kidneys

Second (Immediate), Dropsy

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial.* Western Cem

*Date of Burial,* Sept. 7th 1880 L. D. Whitman M. D.

*Undertaker,* Wm. Fowler Medical Attendant.

*Place of Business,* Sharp [redacted] *Address,* 125 Eden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

**Permit No.** 94678 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 6th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Leben

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Two (2) Months, Fifteen (15) Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No. 150 North Castle Street

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Marasmus

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept 7

*Undertaker,* W Dippel

*Place of Business,* 151 S Bond

Wm H Clendinen, M. D.
Medical Attendant.

*Address,* No. 102 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94679 *Office of Registrar of Vital Statistics.* Ward 9-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Asbury Fawcett.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} No. 60. St. Paul St.

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* about 2 or 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem'y

*Date of Burial,* Sept 8th 1886

*Undertaker,* D Ecker & Mitchell

*Place of Business,* 550 W Fayette St *Address,* 2 Cathedral St.

H. Stan Paul M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 94680 *Office of Registrar of Vital Statistics.* Ward 19 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank N. Sears

*Sex,* ~~Male~~, *Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days,*

*Color,* White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

*Duration of Residence in the City of Baltimore,* 30 yrs.

*Place of Death,* {Give street and Number.} 683 W. Lafayette St.

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), 4

*Duration of Last Sickness,* 1 hour

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cem.

*Date of Burial,* Sept 8th 1886

*Undertaker* Lenny & Mitchell

*Place of Business,* 550 W Lafayette St

T. Buckler Stan M. D.
*Medical Attendant.*

P.O. H.

*Address,* 108 Park Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ne can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and e of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 9-4681 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Moorehead

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Martinsburg

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give street and number.} 307 Lexington St

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,)

*Duration of Last Sickness,* many months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon park Cem

*Date of Burial,* Sept 7th 1886

*Undertaker,* Penny & Mitchell

*Place of Business,* 550 W Fayette St

L M Lane Jr M. D.
Medical Attendant.

*Address* 137 Park Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 94682 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 BALTIMORE, MD.

13

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Delins

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* Three *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 17 Rose Street

*Cause of Death,* First (Primary), Teething?

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 7th 96

*Undertaker,* Saml W Chase

*Place of Business,* S. Howard St *Address,* Engs & Rs

James A Steuart M. D.

~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death. [over.]

H C Seward J. P.

# Board of Health, City of Baltimore,

13

*Permit No.* 94683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicim who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

C

HEALTH DEPARTMENT SEP 7 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs. Louisa Gebhard Mears

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* ——— *Months,* ——— *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 360 Lexington St.

*Cause of Death,* First (Primary,) Cholera Morbus

Second (Immediate,)

*Duration of Last Sickness,* three days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* Sept 9/86

John C. Harris M. D.
Medical Attendant.

*Undertaker,* J. B. Cook *Address* 360 Lexington St.

*Place of Business,* 707 & 709 Balto St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 44684 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deborah Dent Dent

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 24 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Born

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Church St. Alley. No 36

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bloomfield Cemetery

*Date of Burial,* September 7 1886

*Undertaker,* Hercules Goss

*Place of Business,* 94 E. Monument St *Address,* B. C. & ...

[illegible] M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94685 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Krumpholz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months.* ——— *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} 60 Sassafras St.

*Cause of Death,* First (Primary), Psoas Abscess.

Second (Immediate), Pyaemia

*Duration of Last Sickness,* 2 ———

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Greenmount~~ Western Comty

*Date of Burial,* Sept 7 1886 Wm Gamble M. D.

*Undertaker,* Ernst Schroak Medical Attendant.

*Place of Business,* 623 Sharp *Address,* 170 S. Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24686 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Jones

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 21 *Days.*

*Color,* cd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 210 Shields Alley

*Cause of Death,* First (Primary), Malignant Ulcer

Second (Immediate), Spasms

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Sept 6/86

*Undertaker,* F. A. Kirchner

*Place of Business,* Health Office *Address,* Courthouse

James A Steuart M. D.
Medical Assistant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Sanitary Inspector

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94687 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 5th. September 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lantz

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* 5 *Days*

*Color,* White.

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hofen, Prussia, Germany.

*Duration of Residence in the City of Baltimore,* 15 years.

*Place of Death,* {Give Street and Number.} S. Ann Street 27.

*Cause of Death,* First (Primary), Scirrhus tonsilar. et palati mollis

Second (Immediate),

*Duration of Last Sickness,* 5 months

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Aphonsus Ch.

*Date of Burial,* September 7, 86

*Undertaker,* Wm. Bergbower

*Place of Business,* 29 S. Gilmor

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94688 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday Sept. 7th. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. F. Mills

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 25 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Barkeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md. V

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 135 E. Monument St.

*Cause of Death,* First (Primary), Gastritis Ends in death with Paralysis of left leg

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 9th

*Undertaker,* Eo Schilling

*Place of Business,* Ashland Square

Wilmer Brinton M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94689 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Batchelor (Batchelor)

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} United States

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 29 S Eden st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), —

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Septbr 7th 1886

*Undertaker,* H. C. Sander & Son

*Place of Business,* 252 Caton Av *Address.*

C Adkins M. D.
Medical Attendant.
23 E Eden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the REMARKS below, and to LIST OF DISEASES on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94690 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Probably on the 2d of September 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S. Carroll

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years.* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Found drowned at Pier 4 near the foot of Camden St. (16 Wyoming St)

*Cause of Death,* First (Primary), Drowning

Second (Immediate), Asphyxia

*Duration of Last Sickness,* —— Was under the influence of liquor at the time of drowning

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 7 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* City Hall

Frank J Flannery M. D.
Coroner
Medical Attendant.

*Address,* 404 Dr Hill Ave

Residence 16 Wyoming St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 9469 / *Office of Registrar of Vital Statistics.* Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Speer

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 158 E. Madison st.

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem'ter

*Date of Burial,* Sept 8. 1886

*Undertaker,* Henry Koelle

*Place of Business,* 309 N Central Av *Address,* 172 E. Balto st

P. G. Daniel *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9469 2 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept. 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisa Klötsch

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 52 *Years,* ..... *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 5 Exeter between Eager & Biddle

*Cause of Death,* First (Primary), Cancer of Stomach

Second (Immediate), .....

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Ct

*Date of Burial,* Sept 8th 1886

*Undertaker,* Henry Hook

*Place of Business,* 309 N Eutaw *Address,* 1727 E. Balto st.

P. L. Daneel M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Suspected Diseases to the Health Officer below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9c4693 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

74

*Date of Death,* Sept. 6th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M Kaupf

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} St. Joseph's Hospital

*Cause of Death,* First (Primary), Aortic Stenosis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 1½ yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* Sept 8th 1896

*Undertaker,* Henry Hack

*Place of Business,* Bay, Wm & Eutaw *Address,* 1588 N. Eutaw St

Wm J. Conroy M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9769 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Laurence Prince

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 8 Edmondson Av

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept. 8th 1886

J. H. Keller M. D.

Medical Attendant.

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N. Fremont St *Address,* 188 Franklin St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94695 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R. Prout.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Thirty-seven *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 211 Barre st.

*Cause of Death,* First (Primary), Phthisis Pul.

Second (Immediate), Apnoea

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Sept. 9th

*Undertaker,* F. McGrill

*Place of Business,* #131 Hanover

D. Lancey Haverly M. D.
Medical Attendant.

*Address,* 33 Conway Ste.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94696 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Ferguson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 10 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 532 Lexington Av

*Cause of Death,* First (Primary), Scarlet F. Convalescence = 6 weeks

Second (Immediate), Purpura Hemorhagic - Exhaustion

*Duration of Last Sickness,* for 48 hours - Syncope

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept. 8, 96.

*Undertaker,* J. R. Cook

*Place of Business,* 717 N Balto St *Address,*

A H Saxton M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94697 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenor Margaut Boyesen

*Sex,* ~~*Male or Female*~~, {Cross out the word not required in this line.}

*Age,* 7 *Years,* 5 *Months,* 7 *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Norway

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give Street and Number.} 21 S. Patterson Park Ave.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Apnoea

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* Sept. 8, 1886

*Undertaker,* H. A. Dayer

*Place of Business,* 74 S. Bowy,

E. B. Dutton M. D.

Medical Attendant.

*Address,* 124 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94698 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Monday Sept. 6th. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Elliott

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* 11 *Months,* *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give Street and Number.} 139 E. Monument St

*Cause of Death,* First (Primary), Carcinoma of The Spine with Dark Pleuralis Implicated with Fever Probably Malarial in character

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Fever but Two weeks, The Spinal disease Life time.

All the above information should be furnished by the Physician.

*Place of Burial,* Green-Mount Cemetry

*Date of Burial,* Sept 8. 1886

*Undertaker,* John Lake agt

*Place of Business,* 201 E Balto St

Urbinen Benitz M. D.
Medical Attendant.

*Address,* Chas St & Forest Place

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24699 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 1 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Vaubel

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 3 *Months.* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 131 Madison St corner

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate),

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemt

*Date of Burial,* Sept 3rd 1886

*Undertaker,* John J Andrews

*Place of Business* 1064 Druid Hill Av. *Address,* 226 Mulberry St

Louis Chs Horn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9470 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Pasquo

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 35 Eastern Ave

*Cause of Death,* First (Primary), Gastro-enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 or 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem.

*Date of Burial,* Sept. 8th 86

*Undertaker,* G. Franc

*Place of Business,* Banks & Wolfe Sts. *Address,* 171 N Caroline St

Geo B Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94701 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Arthur

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* Machinist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 105 E Lanvale

*Cause of Death,* First (Primary), Phthisis Pulmonalis (acute)

Second (Immediate), Asthenia

*Duration of Last Sickness,* about four (4) months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Sept 9 1886

*Undertaker,* G. Franc

*Place of Business,* Danks & Wolfe Sts *Address,* [illegible]

Geo L Whitten M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the REMARKS below, and to LIST OF DISEASES on BACK of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94702 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* SEPT 5 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbette Essing

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 85 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give Street and Number.} 256 N Lombard St

*Cause of Death,* First (Primary), old age

Second (Immediate), Weakness

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mai Sin Cemetery

*Date of Burial,* Sept 8 1884

*Undertaker,* P Athens

*Place of Business,* 845 E Balto St *Address,*

A Nicolai M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94703 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7 –

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Spillman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 2 hrs ~~Days~~

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 22 North Market Space

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 22 North Market Space

*Cause of Death,* First (Primary), .....

Second (Immediate), Premature birth

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Dr. of Potters

*Date of Burial,* Sept 8.

*Undertaker,* J. W. Tilden

*Place of Business,* 43. E. Pratt St

David V Morgan M. D.
Medical Attendant.

*Address,* 192 Augusta

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to those on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9470 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Probably Sept 2nd 1886. Judging from a copy of Evening News found on the body.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis C. Bona

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* 6 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Bookkeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 30 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Found floating in the water near Ferry Bar Wing Garden Sept 5th 1886.

*Cause of Death,* First (Primary), Drowning

Second (Immediate), Asphyxia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Sept 8/86

*Undertaker,* W. J. Tickner

*Place of Business,* 65 S Eutaw St *Address,*

Frank J Flannery M. D.
Medical Attendant.
Coroner.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...proper selection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94705 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 7 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thompson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 5 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 217 Milliken Street

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness.* One (1) two (2) days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* Sept 8 "1886

*Undertaker,* Geo. Reichard

*Place of Business,* Health Dept *Address,* 101 N Broadway

C. Hall Cullen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94706 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Hopkins

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* (Colored)

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During Lifetime

*Place of Death,* {Give Street and Number.} 210 Bolton Alley

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 8th 1886

*Undertaker,* Chas Heuisler

*Place of Business,* 116 Orchard *Address,* 515 Penna Ave

S. Rickert *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94707 *Office of Registrar of Vital Statistics.* Ward 2c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marg. Neidhardt

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 34 yrs.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 18 Warren court

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity at Lem

*Date of Burial,* Wednesday 11

*Undertaker,* W. Dippel

*Place of Business,* 151 S. Bond st

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9-7-708 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Krummick

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 17 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 193 E. Ave

*Cause of Death,* First (Primary), Gastro-Intestinal catarrh

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* [illegible]

*Undertaker,* [illegible]

*Place of Business,* [illegible]

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94709 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah Hamburger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 93 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Alsace France

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 9 Bowdoin

*Cause of Death,* First (Primary), Senility

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* F. P. C. Philadelphia Road

*Date of Burial,* Sept 9 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

D M Cathell M. D.
Medical Attendant.

*Address,* 2 Bowdoin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 94710 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPT. SEP 8 1886 BALTIMORE MD.

# CERTIFICATE OF DEATH. B

*Date of Death,* Sept. 7th 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Eleanora Wright

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* — *Months,* — *Days,* 7

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation* Infant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City Howardsville Balto. Co.

*Duration of Residence in the City of Baltimore,* at time of death, resided at 1

*Place of Death,* { Give street and Number. } 477 Penn. Ave. Balto City

*Cause of Death,* First (Primary), Enteritis

Second (Immediate), Cerebral Congestion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 8th 1886 *W. O. Christian* *M. D.*

Medical Attendant.

*Undertaker* J. E. Longhurst

*Place of Business,* 298 Penn Ave *Address,* 506 Mad. Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94711 *Office of Registrar of Vital Statistics.* Ward 3 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. A. DeJarnett

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* Col.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Oysterman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Annapolis

*Duration of Residence in the City of Baltimore,* Thirteen yrs.

*Place of Death,* {Give Street and Number.} #35 S. Dallas St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Congestion

*Duration of Last Sickness,* Nine mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis Md

*Date of Burial,* Sept 9- 1886

*Undertaker,* W. W. Madden

*Place of Business,* 46 East St

G. G. Lurk M. D.
Medical Attendant.

*Address,* 1000 E. Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4357 Hanover

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94712 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Della Robson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~ Years, ~~ Months, 2 Days.

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 85 N Bethel st

*Cause of Death,* First (Primary), Epistaxis

Second (Immediate),

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Sept 8th 1886

*Undertaker,* W C V Dungee

*Place of Business,* East st

H Mum A Mcnas M. D.

Medical Attendant.

*Address,* Cor N & E

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

# Board of Health, City of Baltimore,

Permit No. 9713 *Office of Registrar of Vital Statistics.* Ward 11 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 6th. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Kennedy

*Sex, ~~Male~~ Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days,*

*Color,* Black.

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co. Md.

*Duration of Residence in the City of Baltimore,* 4 yrs

*Place of Death,* {Give street and Number.} # 23 Wood alley

*Cause of Death,* First, (Primary) Mitral Insufficiency Cardiac Hypertrophy

Second, (Immediate) Cardiac Failure

*Duration of Last Sickness,* 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Dolphin E. Green

*Date of Burial.* Sept 8 1886

Edwin Conaway M. D., Medical Attendant.

*Undertaker,* William N. Driggs

*Place of Business,* No 62 East St. *Address,* # 244 Madison ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9474 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Wiley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 mo *Years,* —— *Months,* —— *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 438 N Carey

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Sept 8. 1886

*Undertaker,* Martin Lahey

*Place of Business,* 128 Lovendent *Address,* Priestman & Frederick

Wm J Chappell M. D.
Medical Attendant.
Cor.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97715 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deadamania White

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} single

*Occupation,* House maid

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 292 E Fayette st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), .....

*Duration of Last Sickness,* about 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 8th

*Undertaker,* John E Grace

*Place of Business,* 114 S. Caroline st *Address,* .....

D A Cattell M. D.
Medical Attendant.

Address, 2 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accurate Answering and to Date of Disease on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94716 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Whilldin

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* Thirty eight *Years,* Ten *Months,* Twenty two *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* about twelve years.

*Place of Death,* {Give Street and Number.} 91 Lemon Street

*Cause of Death,* {First (Primary), Pulmonary Consumption
Second (Immediate),}

*Duration of Last Sickness,* One Year (about

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ber

*Date of Burial,* Sept 10/86

*Undertaker,* J. B. Leach

*Place of Business,* 707 & 709 W. Balto. Address. 221 N Gilmor St

H. H. Wright M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9717 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F Gokel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 2 Weeks *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 5 N High st

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate), Inanition

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cem

*Date of Burial,* Sept 9th 1886

*Undertaker,* Jacob Ahrens

*Place of Business,* High st

James A Steuart M. D.

Address. Cor Fayette & Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M M Power
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94718 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2d 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny Phillips

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ 1 *Months* ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ~~None~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} # 427 N. Gay St.

*Cause of Death,* First (Primary), Congestive Chills

Second (Immediate), Collapse

*Duration of Last Sickness,* about 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Sept 3 & 1886

*Undertaker,* A. Kirk Son

*Place of Business,* 461 N. Gay St *Address,* 244 E. Biddle St

Jno. H. Lemmon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9479 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Schlang

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Cigar maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 yrs

*Place of Death,* {Give Street and Number.} 416 Harford Ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate),

*Duration of Last Sickness,* Several years.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 10 1886

*Undertaker,* Henry Koch

*Place of Business,* 409 N. Eutaw St. *Address,* 115 W. Monument St

C. O'Donovan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9 4 7 2 9 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 8 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Rundel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany (2½ yrs in U.S.)

*Duration of Residence in the City of Baltimore,* 2½ years

*Place of Death,* {Give Street and Number.} 2 So. Paca Street

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Peritonitis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cath. Redeemer Ct

*Date of Burial,* Sept 9 1886

*Undertaker,* Henry Hoch

*Place of Business,* 509 W. Pratt *Address,* 180 N. Howard

Oscar J. Lockey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 9472 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. J. DeHuen, L.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 17 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* three months

*Place of Death,* {Give Street and Number.} 344 E. Lombard St.

*Cause of Death,* First (Primary), Suppurative Tetanus

Second (Immediate), Ex haustion

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Agnes Cem.

*Date of Burial,* Sept. 9th 1886

*Undertaker,* H. Bellamy Jr.

*Place of Business,* 253 E. Fayette

G. G. Lusk M. D.
Medical Attendant.

*Address,* 2000 E. Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 94722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7/86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred'k. Achey

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 77 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widower

*Occupation,* Merchant

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Berks Co., Pa.

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* { Give street and number } 35 Edmondson Ave

*Cause of Death,* { First, (Primary,) Carcinoma (Hepatic

Second, (Immediate,)

*Duration of last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Sept 9th 1886

Wm. B. Rodee M. D.
Medical Attendant.

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont

*Address,* 8 S Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 94723 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theckla M Reinle

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* ~~29~~ 28 *Years,* 7 *Months,* *Days,*

*Color,* White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Saleswoman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Switzerland

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give street and Number.} 279 Hanover st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Chronic Diarrhea

*Duration of Last Sickness,* 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial.* Sept 10th 86

*Undertaker,* C F Franzoni Jr

*Place of Business,* 209 Hanover

J W McCurdy M. D., Medical Attendant.

*Address,* 88 Hanover st

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9472 4 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence P Hancock

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 7 *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 55 Sassafras St

*Cause of Death,* First (Primary), Cerebral Congestion due to Whooping Cough

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 9th 1886

*Undertaker,* C. F. Krauss & Son

*Place of Business,* 209 Hanover *Address,* 136 Columbia ave

Geo R Graham — *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94725 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Purdy Jr

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 11 *Months,* 15 *Days*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Metal Worker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 615 S. Stricker St.

*Cause of Death,* First (Primary), Internal Intestinal Strangulation

Second (Immediate),

*Duration of Last Sickness,* Eight Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore, cemetery

*Date of Burial,* Sept 9th 1886

*Undertaker,* Leo B. Cook

*Place of Business,* 1670 W. Balto St

John Neff M. D.
Medical Attendant.

*Address,* 306 N. Carrollton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94726 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Naomi Roberts

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 3 *Months,* 14 *Days.*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 4 Ryan St.

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About one Month

All the above information should be furnished by the Physician.

*Place of Burial,* St Marks Cemetery

*Date of Burial,* Sept 9 1886

*Undertaker,* Hercules R.R.S.

*Place of Business,* 75 Conklin St. *Address,* 279 W Fayette

J. H. Hoffman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 9727 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } C. S. Green

~~Sex~~, *Male or* ~~*Female*~~, { Cross out the word not required in this line. }

*Age,* — *Years,* 7 *Months,* — *Days,*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* ——

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give Street and Number. } 5 ~~Bst~~ Bank St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Dysentery

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~St Peters~~ cemetery

*Date of Burial,* Sept 9 1886

*Undertaker,* Hercules Co S S

*Place of Business,* 25 Eastlay St

C. D. Smith M. D.,
Medical Attendant.

*Address,* 158 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 94728 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Roger Woods

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* 7 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 852 W Lanvale St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Worms

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cem

*Date of Burial,* Sept 9th 1886

*Undertaker,* J E Mongharte

*Place of Business.* *Address,* 1 Waverly Terrace

Geo H Cobb *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94729 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 4" 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laverence Plate

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 19 *Months,* ~~—~~ 7 *Days.*

*Color,* Col

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 334 Little Pine St

*Cause of Death,* First (Primary), Diarrhea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 Month

All the above Information should be furnished by the Physician.

*Place of Burial,* Harp St Cem

*Date of Burial,* Sep 9" 1886 *James A Steuart* *M. D.*

*Undertaker,* Wm N Krauser

*Place of Business,* East 34 *Address,* Camp & C

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W E Roberts Asst Inspector

# Health Department, City of Baltimore.

Permit No. 94730 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr & Mrs Edward Bennett

*Sex, Male or Female,* {Cross out the word not required in this line.} Parents

*Age,* ~~Years~~ Four Hours ~~Days~~

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ~~———~~ Infants

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 48 E Lombard St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 48 E. Lombard St

*Cause of Death,* First (Primary), Premature birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park C'mty

*Date of Burial,* Thursday Sept 9 1886

*Undertaker,* Jas C Byrne

*Place of Business,* 63 N Front

C. F. Maguire M. D.
Medical Attendant.

*Address,* 285 E. Exeter

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94731 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph C Bailey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 22. *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 56 Aisquith St.

*Cause of Death,* First (Primary), Eczema, Debilitas

Second (Immediate), Malarial fever. Effusion in the Brain.

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cmty

*Date of Burial,* September 9 1886

*Undertaker,* Jas C Byrne

*Place of Business,* 63 N. Front

Edward P. McDevitt M. D.
Medical Attendant.

Address, 54 Aisquith St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

16

Permit No. 97732 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno P Roach

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give Street and Number.} 730 Bank st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 10 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* September 10th 1886

*Undertaker,* John J. Mosher

*Place of Business,* No 151 Camden st *Address,* 151 Camden st

Geo. A. Blake M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94733 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8 84

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Dorsey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* *Days*

*Color,* Blk

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 6 Mos

*Place of Death,* {Give Street and Number.} 4 Woodyard Ct

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St Cemetery

*Date of Burial,* Sept 9th 1884

*Undertaker,* C. & W. Perkins

*Place of Business,* 224 Hamburg St *Address,* 313 Light St

R. H. Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9473 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Eisel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 2 McCabe Ct

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* September 6

*Undertaker,* B. Glass

*Place of Business,* 60 West

Theodore Cator M. D.
Medical Attendant.

*Address,* 41 Monument

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94735 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Graham Cook

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ *Months,* 27 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 450 N. Mount St

*Cause of Death,* First (Primary), Noninflammatory diarrhea

Second (Immediate), asthenia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 10/86

*Undertaker,* Martin Fahey

*Place of Business,* Forrest & Lane Add

Geo. R. Graham M. D.
Medical Attendant.

Address, 136 Columbia Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 24736 *Office of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Washington

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days,*

*Color,* Black.

~~*Married*~~, ~~*Single*~~, *Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Norfolk, Va

*Duration of Residence in the City of Baltimore,* 4 Year

*Place of Death,* {Give street and Number.} 43 Wilmot Ave

*Cause of Death,* First (Primary), Nephritis (Chronic)

Second (Immediate), Asthenia

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lemmel Cemetery

*Date of Burial,* Sept 9 1886

*Undertaker* William V Dunger

*Place of Business,* 62 East St

John E. Huck, M. D.
Medical Attendant.

*Address,* 29 Argyle Ave Town

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94737 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Weaver

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany about 61

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 455 W Mulberry St Parsleys

*Cause of Death,* First (Primary),

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Sept 10/86 - 3 oclock PM

*Undertaker,* Geo. Shilling

*Place of Business,* Monument & Cosgard *Address,* 55 & W Baltimore St

Robt K Knox M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

9

*Permit No.* 9473 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

D

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Mar~~ September 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Gay F. Markoe

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 4 *Months,* 7 *Days.*

*Color,* W *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 77 St Paul St.

*Cause of Death,* First (Primary,) Congestion of the Brain

Second (Immediate,) Coma

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's Govanstown J. E. Lindsay *M. D.*

*Date of Burial,* Sept 9th Medical Attendant.

*Undertaker,* H. C. Windefield *Address* 23 Read St.

*Place of Business,* 100 Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

# Board of Health, City of Baltimore.

Permit No. 94739 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Lucretia Osborn

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days,*

*Color,* ~~Col~~

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 165 Sarah Ann

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days

the above information should be furnished by the Physician.

*Place of Burial,* Gabriel cinetery

*Date of Burial,* 8 September

*Undertaker* H. Davis

*Place of Business,* No 1548 Sharp st

Henry Chandlee M. D.
Medical Attendant.

*Address,* 181 Lindun Av

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 94740 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 9 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Dausch

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Elevetore

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 66 Granby st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* September 10th

*Undertaker,* H Loffler

*Place of Business,* 101 S Bond st

P. L. Dausch M. D.

Medical Attendant.

*Address,* 1727 E Balto. st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94741 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 9 1886
BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hartman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 286 S. Dallas St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Marasmus

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Hollyoke

*Date of Burial,* 10 Sep.

*Undertaker,* Wendell Dyer

*Place of Business,* 161 S Bond *Address,* 2002 E. Balto

G. G. Link M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97742 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Hall

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color* Col

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert & Co

*Duration of Residence in the City of Baltimore,* abont 59 years

*Place of Death,* {Give Street and Number.} 69 Perry st

*Cause of Death,* First (Primary), Atheromatous degeneration

Second (Immediate), Blood Vessels Dropsy & Exhaustion

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mary's St Cemetery

*Date of Burial,* September 10 1886

*Undertaker,* Hercules Hess

*Place of Business,* 96 Conway St *Address,* 2010 E. Biddle st

T. Wisler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 94743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Basil Duckett Mullikin

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 29 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Merchant. Grocer.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 180 Carrollton Ave.

*Cause of Death* First, (Primary,) Tubercular Consumption of Spleen & Bowels

Second, (Immediate,) General dropsy, and Anemia.

*Duration of last Sickness,* Ten Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 10th 1886 Geo C Pyle *M.D.*

Medical Attendant.

*Undertaker,* Lowry & Mackenzie

*Place of Business,* 350 W Fayette *Address,* 229 Cary st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9474 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cox

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 4 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 10 E Dukeland

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cem.

*Date of Burial,* Sept 9 86

*Undertaker,* G. Frame

*Place of Business,* Bank & Wolfe *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 94745 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse A. Bromley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Machinist

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Conn. R. I.

*Duration of Residence in the City of Baltimore,* 45 Yrs.

*Place of Death,* {Give street and Number.} 247 S. Dallas St.

*Cause of Death,* First, (Primary,) Injury

Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial.* Sept 11th 86

*Undertaker,* G. Franc

*Place of Business,* Paul & Wolgast

M. F. Dashiell Jr. M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 9474 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Zabel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* One (1) *Months,* 14 *Days*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore.* life

*Place of Death,* {Give Street and Number.} 450 E. Monument st

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Ulcerative Stomatitis

*Duration of Last Sickness,* (4) Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 10th 1886

*Undertaker,* Wm. Sandert Jr

*Place of Business,* 252 Caroline av

Jas E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9747 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen E. Baltzemeyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Times

*Place of Death,* {Give Street and Number.} 519 S. Green st (Little)

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Prostration

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Sept 10th 1882

*Undertaker,* Wm J Tickner

*Place of Business,* 65 S. Eutaw St. *Address,* 166 S. Paca st.

C. L. Buddenbohn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94748 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Allan C. Woods

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 3 *Months,* 12 *Days*

*Color,* White

*Married*, *Single*, *~~Widow or Widower~~*, {Cross out the words not required in this line.} ✓

*Occupation,* Student

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

*Duration of Residence in the City of Baltimore,* 18 yrs.

*Place of Death,* {Give Street and Number.} 374 Eutaw Place

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), ~~Bronchitis~~

*Duration of Last Sickness,* About 3 weeks

All the above information should be furnished by the Physician.

*~~Place~~ of Burial,* Sept 10th 1886

*~~Date~~ of Burial,* Greenmount

*Undertaker,* Stewart & Mosser

*Place of Business,* 35 Park Av

J. E. Atkinson M. D.
Medical Attendant.

*Address,* 19 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94749 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Margaret H. Painter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Hoffman & Druid Hill Av

*Cause of Death,* First (Primary), Phthisis, Pulmonalis

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Garrison Forest Bath Co.

*Date of Burial,* Sept 10/86

*Undertaker,* Stewart & Mimm

*Place of Business,* 36 Park Av

Charles G. Hill M. D.
Medical Attendant.

*Address,* Baltimore Md

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

13

Permit No. 94750 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

HEALTH DEPARTMENT
SEP 9 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Swank

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 2 *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 9 S Arlington Ave

*Cause of Death,* First (Primary), 0

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 10 1886

*Undertaker,* W H Cook

*Place of Business,* 707 W Baltimore St

H. L. Lincoln M. D.
Medical Attendant.

*Address,* 387 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94757 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Lipsp

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 176 Mettrum St

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Effusion

*Duration of Last Sickness,* Six days —

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Sep. 9/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balt St *Address,* 211 N Lemmon St

D F Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94752 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1886 BALTIMORE, MD.

*Date of Death,* Sept. 8. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E. Henthorn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 130 S. Pobpleton St,

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Sept. 10/86

*Undertaker,* J. B. Cook

*Place of Business,* 704 W. Balt. *Address,* 306 N. Eutaw St

C. J. Neff M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94753 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1886 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept- 9th- 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moore

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No. 3. Lefburn pl- Extended

*Cause of Death,* First (Primary), Sciatic Rheumatism

Second (Immediate), Dropsy

*Duration of Last Sickness,* 3- Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Cem

*Date of Burial,* Sept 10th 1886

*Undertaker,* Henry Deshman

*Place of Business,* 63 N Eden St

Wm. L. Russell M. D.
Medical Attendant.

*Address,* 800 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94757 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carry Gantt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} (Balto) United States

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 450 N. Wolfe St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* about 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Sept 10th 1886

*Undertaker,* A. Feinth & Son

*Place of Business,* 461 W. Saratoga St

Thos J Simms M. D.
Medical Attendant.

*Address,* 242 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94755 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 8 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Wooden

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 62 E. Lombard

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 months,

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* Sep 10 1886 J. H. Robertson M. D.

Medical Attendant.

*Undertaker,* John Hennigy

*Place of Business,* 382 Orleans St *Address,* 257 Fremont Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94756 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Perry

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 15 *Years,* — *Months,* — *Days*

*Color,* White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Been part of her life

*Place of Death,* {Give Street and Number.} Church Home, Infirmary & Broadway

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Brain =

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept. 11th 1886

*Undertaker,* H A Darger

*Place of Business,* 74 S. Bway

E. J. Gaut M. D.
Medical Attendant.

*Address,* Church Home Infirmary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 9475 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Kaufmann

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 9 *Months,* 6 *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 20 Aisquith St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* about 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balt County

*Date of Burial,* Sept 10th 1886

*Undertaker,* Geo. Lemmon J. B. White M. D.

Medical Attendant.

*Place of Business,* 389 W Balt *Address,* Northern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94758 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Leuker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 61 *Months,* ... *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Austria - 30 years

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Chronic interstitial Nephritis

Second (Immediate), Coma

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Sept 11th 1896

C. W. Mitchell M. D.
Medical Attendant.

*Undertaker,* Geo Lewisbank

*Place of Business,* 359 W. Pratt St. *Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94989 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Compton

*Sex,* ~~Male or Female~~, {Cross out the word not required in this line.} Female

*Age,* 58 *Years,* *Months,* *Days.*

*Color* Col

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Unable to work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cambridge - Md

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give Street and Number.} 175 W. Pratt st

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 7 or 8 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 10 1886

*Undertaker,* Alex Hemsley

*Place of Business* 116 & 118 Charles *Address,* 201 W. Pratt st

R. Winslow M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94760 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Wallace M. Podger

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* ..... 6 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 319 ~~Bodine~~ St Bruce St

*Cause of Death,* First (Primary),

Second (Immediate), Cramps

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem.

*Date of Burial,* Sept 10th 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St *Address,* 241 N Eutaw

O Edw Janney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 94761 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8" 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Smith

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days,*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

V

*Duration of Residence in the City of Baltimore,* 17 Years

*Place of Death,* {Give street and Number.} 66 Union St.

*Cause of Death.* First (Primary), Brights Disease

Second (Immediate),

*Duration of Last Sickness,* About 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sherpster Cemetery

*Date of Burial,* Sept 10 1886

*Undertaker* Alex Hensley

*Place of Business,* 116 Orchard St

D. Giugling, M. D.
Medical Attendant.

*Address,* 15 2½ N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9476 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9th, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Schultz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Life-time.

*Place of Death,* {Give Street and Number.} 1278 S. Dallas St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* September 10th

*Undertaker,* W. L. Apple

*Place of Business,* 717 E. Baltimore *Address,* 143 Alice Anne

John A. Ritzberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below and to those on the back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94763 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9/88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Wm H. Menke

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} male

*Age,* 2 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltd. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} #59 Parrish St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), "

*Duration of Last Sickness,* about 4 or 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 10th 1888

Acting *Undertaker,* Geo W Harris

*Place of Business,* 25 N Paca St

Chas Sutherington M. D.
Medical Attendant.

*Address,* 373 E. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94764 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

14

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Adams

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 23 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral cem

*Date of Burial,* Sept 11. 1886

C. F. Mitchell M. D.
Medical Attendant.

*Undertaker,* Martin Fahey

*Place of Business,* 128 Lawrence St *Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of [illegible]

Permit No. 94765 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kitty R Lindsey

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 0 *Months.* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 32 Baker St / cor of Carey

*Cause of Death,* First (Primary), Teething

Second (Immediate), Congestion of meninges + Convulsions

*Duration of Last Sickness,* 2 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 10/86

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 N. Fayette

Chas E Seattle M. D.
Medical Attendant.

*Address,* 565 Druid Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the [illegible]

# Health Department, City of [illegible]

Permit No. 94766 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 10th September 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Pennell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 18 *Days.*

*Color,* colored

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 83. Welcome alley

*Cause of Death,* First (Primary), Exposure to Malaria

Second (Immediate), Meningitis

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 11th 1886

*Undertaker,* Chas C. McClane

*Place of Business,* 178 S. Frunt St. *Address,* 146. Hill St.

L. D. Dyer M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of

Permit No. 9476 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Francis Keys

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 1 *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 188 Chesapeake St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Marasmus

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 10th 1886

*Undertaker,* H. Sandee & Son } E. Richard M. D.
Medical Attendant.

*Place of Business,* 1708 & 1710 Eastern Av *Address,* 280 Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City

## Office of Registrar of Vital Statistics.

Permit No. 94768

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* 9th September 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte A. Davis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 53 *Years,* ... *Months.* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 586 Franklin St.

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Chronic

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Laudon Park

*Date of Burial,* Sept 11th 1886

*Undertaker,* Denny & Milburn

*Place of Business,* 520 W. Fayette St

*Address,* W. Fayette St

C. H. Jones M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City ...

Permit No. 94769 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 10 ... BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Aldrich Warner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months.* 19 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 93 Vaclay ...

*Cause of Death,* First (Primary), unknown

Second (Immediate), Inanition

*Duration of Last Sickness,* from birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept ...

*Undertaker,* A. Rohde

*Place of Business,* 48 Penna Ave

F. A. Warner M. D.
Medical Attendant.

*Address,* 93 Vaclay ...

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF [illegible]

*Permit No.* 94770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Koopland

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* — *Months,* — *Days.*

*Color,* — *Sex,* Female

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and number.} Clemm's alley 1 door S. of Balto.

*Cause of Death,* First (Primary,) —

Second (Immediate,) Consumption

*Duration of Last Sickness,* 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* September 11th

M. D.
Medical Attendant.

*Undertaker,* W. Lyfel

*Place of Business,* 161 S. Bond st Address 1 y of Aber Sa

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Health Department, City of [illegible]

Permit No. 9477 *Office of Registrar of Vital Statistics.* [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. James Palmer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* About 43 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Priest

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Not Known

*Duration of Residence in the City of Baltimore,* Not Known

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Edema of Brain

Second (Immediate), Heart Failure

*Duration of Last Sickness,* Not known

All the above information should be furnished by the Physician.

*Place of Burial,* New Catholic

*Date of Burial,* Sep 11th 86

*Undertaker,* Hourlehan Bro

*Place of Business,* Park Ave

William Harden M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks

# Health Department, City of

Permit No. 9477 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

B

*Date of Death,* Sept. 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Andre

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 26 Curley St. Canton,

*Cause of Death,* First (Primary),

Second (Immediate), Trismus Nascentium

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* M.E. Evangelical cem

*Date of Burial,* Sept 10th 1886

*Undertaker,* A. Zander & Son John H. Rehberger M. D.

Medical Attendant.

*Place of Business,* 1410 Eastern Ave *Address,* # 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Rule

# Health Department, City of

Permit No. 9773 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Wayneck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 162 Franklin St

*Cause of Death,* First (Primary),

Second (Immediate) Supposed to be Consumption & Heart Disease

*Duration of Last Sickness,* 10 Minutes

All the above information should be furnished by the Physician.

*Place of Burial* New Cathedral

*Date of Burial,* Sept 12th 1886

*Undertaker* W Cadogan

*Place of Business,* 227 Mulberry St {Address.}

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Attention [illegible] is respectfully invited to the [illegible]

# Health Department, City of [illegible]

Permit No. 9477 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 10 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Wilts

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~3~~ *Years,* 1 *Months,* 8. *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 496 Fremont St

*Cause of Death,* First (Primary), Indigestion

Second (Immediate),

*Duration of Last Sickness,* 3 - months

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cem.

*Date of Burial,* Sept. 11

*Undertaker,* Walter Immel

*Place of Business,* 915 N Bidle Address.

H D Fowler M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of

Permit No. 9775 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 17 56

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl A. Hardesty

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 14 *Months.* — *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 14 months

*Place of Death,* {Give Street and Number.} No. 12 Baker St.

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Bony Brae.

*Date of Burial,* Sept. 11

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle.

E. M. Reid M. D.
Medical Attendant.

*Address,*

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Reverse

# Health Department, City of

Permit No. 9776 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Maykrantz,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Moulder,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany,

*Duration of Residence in the City of Baltimore,* 35 years,

*Place of Death,* {Give Street and Number.} 43 Stockton St. near Pratt

*Cause of Death,* First (Primary), Typho-Malarial Fever,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 Weeks,

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 12

*Undertaker,* Walter Immel

*Place of Business,* 215 W. Biddle

William [illegible] M. D.

Medical Attendant.

*Address,* 515 [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of [illegible] is respectfully invited to the [illegible]

# Health Department, City [illegible]

Permit No. 9777

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Enwright

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* — *Months,* — *Days.* (Enwright)

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Bricklayer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 552 East Eager St

*Cause of Death,* First (Primary), Epithelioma of the throat

Second (Immediate), Asthenia

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sep 12/86

*Undertaker,* Wm S. Fry

*Place of Business,* 58 N Broadway

Jno. S. Lynch M. D.
Medical Attendant.

*Address,* 4 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the

# Health Department, City

Permit No. 94778 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reid

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* 17 *Days.*

*Color,* Col—

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 1yr. 2 mos, 17 days

*Place of Death,* {Give Street and Number.} 212 Bruce St

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Inanition.

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Ararat

*Date of Burial,* Sept 12 1886

*Undertaker,* Wilmot Engel

*Place of Business,* 62 East St

Wm P. Chum M. D.
Medical Attendant.

*Address,* University of Md.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Atten[illegible]

# Health Department, City

Permit No. 24779 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Kennedy

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 52 Hillman Pl

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheritic Croup

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Sept 11th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Gremmit Ave

Jno Brooke Boyle M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 94780 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10. '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Graff

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia -

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 12th 1886

*Undertaker,* Berry & Mitchell

*Place of Business,* 66 S Broadway

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9 4781 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Frederika Nelson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 9 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 27 L. Eutaw st

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate),

*Duration of Last Sickness,* a few hours

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* Sept 11th 1886

*Undertaker,* Henry Mark

*Place of Business,* [illegible]

J. A. Warner M. D.
Medical Attendant.

*Address,* 93 Valley st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94782 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lachenauer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk of Balto. News Co

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 41 Years

*Place of Death,* {Give Street and Number.} Lorman St extended

*Cause of Death,* First (Primary), Disease of the Heart

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 12th 86

*Undertaker,* Jno Weaver

*Place of Business,* 202 N Eutaw *Address,*

L. G. Sparrow M. D.

~~Medical Assistant.~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 9-4783 *Office of Registrar of Vital Statistics.* Ward 15-C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 11 1886, BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10 — 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Melvin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* 5 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 46 Guilford alley.

*Cause of Death,* First (Primary), Diphtheritic Scarlatina.

Second (Immediate), Suffocation.

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Sept 11th 1886

*Undertaker,* C. F. Kraus & Son

*Place of Business,* 207 Hanover

Spencer M Free M. D.
Polyclinic Medical Attendant.

*Address,* 312 Hanover St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to those on the back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9478 f *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Jones Alcock

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* 11 *Months,* 10 *Days.*

*Color,* White

*~~Married, Single~~, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Retired Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} Mount Vernon Hotel. Monument St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness.* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 11th 1886

*Undertaker,* Kemp Hastings Sons

*Place of Business,* Park Ave

J. L. Shearer M. D.
Medical Attendant

Address, 197 N. Charles St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9-4785 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry White

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* — *Months,* — *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. 67 S. Gay St.

*Cause of Death,* First (Primary), Valvular disease of heart

Second (Immediate), ———

*Duration of Last Sickness,* Instant death

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 12

*Undertaker,* John E Grace

*Place of Business,* 429 Caroline st *Address,* Coroner

Alexander Hill, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94'86 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, SEP 11 BALTIMORE, MD.

*Date of Death,* September 10, 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula M. Slade

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* 10 *Months,* 15 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Newnansville Florida

*Duration of Residence in the City of Baltimore,* about 20 years.

*Place of Death,* {Give Street and Number.} 26 N Strieker Street

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* about three (3) years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sep. 13/96

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto. *Address,* 221 N Gilmor St

W. W. Wright *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 94787 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. G. Scholle

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 22 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 288 Ramsay St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Meningitis,

*Duration of Last Sickness,* About 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept. 12 86

*Undertaker,* [illegible]

*Place of Business,* [illegible] Address, 588 W. Lafayette Ave

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 94788 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1896.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Colin Binns

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 15 *Years.* *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Inn

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St Mungo Lanark

*Duration of Residence in the City of Baltimore,* Five years.

*Place of Death,* {Give Street and Number.} 120 N. Fulton st.

*Cause of Death,* First (Primary), Tuberculosis.

Second (Immediate),

*Duration of Last Sickness,* Six months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Ce

*Date of Burial,* Sept. 12/96

*Undertaker,* J. B. Cook

*Place of Business,* 704 E. Baltimore St. *Address,* 17 N. Fulton st

Truman F. Hill M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94789 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Leo McNabb

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 3 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~M~~

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 58 W Pratt St

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), Inflammation of Brain

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brea

*Date of Burial,* Sept 11th

*Undertaker,* ~~John J~~ Bowman

*Place of Business,* 89 Hollins St *Address,* 219 Hallem St

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24790 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Richey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 2 *Months,* 10 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give Street and Number.} No. 1009 N. Monroe St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetary

*Date of Burial,* 12 1886

*Undertaker,* Hercules Ross

*Place of Business,* 72 Centre St

Wm A. Alderdice M. D.
Medical Attendant.

*Address,* Cor. Columbia & Mount Aves.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94791 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Hyland

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 61 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Chronic Malarial Poison

Second (Immediate), Congestion of Brain from Coma

*Duration of Last Sickness,* Not known

All the above Information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemy

*Date of Burial,* Sept 11th 1886

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office *Address,* City Hospital

Wm. H. Glenn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore, 19

**Permit No.** 9479

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James C. Cox

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Eight *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* Seven years

*Place of Death,* {Give street and number.} 22 Whalecoat St.

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,) Asthenia

*Duration of Last Sickness,* three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Sept 12th 1886

W. H. Thompson M. D.
Medical Attendant.

*Undertaker,* Alex. Hensley

*Place of Business,* 116 Archard St *Address* 311 W. Hoffman St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94793 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Leiffer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 17 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give Street and Number.} 36 Miller alley

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Peritonitis

*Duration of Last Sickness,* three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Ci

*Date of Burial,* Sept 12 / 86

*Undertaker,* Frank. Coach.

*Place of Business,* 949 N Durham

Chas B. Eagle M. D.
Medical Attendant.

*Address,* 202 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9479C4 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* September 11, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Langbein,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 10 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} +

*Occupation,* +

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 278 South Bond St.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Frd Germ. Reform'd Cem.

*Date of Burial,* Sept 13th 1886

*Undertaker,* [illegible]

*Place of Business,* 253 E Lombard

A. V. Gosweiler, M. D.
Medical Attendant.

Address, 96 S Ann St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94795 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 10th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L Durrett

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* —— *Months,* —— *Days*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 303 E. Read St.

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Asthenia

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Mary Cross

*Date of Burial,* Sept 12th

*Undertaker,* Hoffpauir

*Place of Business,* Park & Monroe *Address,* 124 E. Broadway

C. P. Fulton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 94796 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 12 1885 BALTIMORE.

*Date of Death,* Sept. 11 /86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Hands

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, 21 Days.

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1 G & S. Eutaw St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* About 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Feb 12 1884

*Undertaker,* Hercules Ross

*Place of Business,* 25 Centre St

J. B. Doble M. D.
Medical Attendant.

*Address,* S. Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94797 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Gohan

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 372 Sharp St

*Cause of Death,* First (Primary), Bright's disease of Kidneys

Second (Immediate), 6 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept 13 1886

*Undertaker* C F Kramer Son

*Place of Business,* *Address.* 151 Hanover St

J C Burch M. D.
Medical Attendant.

HEALTH DEPARTMENT SEP 12 1886 BALTIMORE

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94798 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michal Burns

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* 2 *Months,* 18 *Days*

*Color,*

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 141 S Edm St -

*Cause of Death,* First (Primary), Mitral Disease of Heart -

Second (Immediate), Apnea

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Patrick

*Date of Burial,* Sept. 13

*Undertaker,* W J. Schaffer

*Place of Business,* 5 S. Front St *Address,* 361 N Bway

A L. Gage M. D.
Medical Attendant.

HEALTH DEPARTMENT SEP 12 1886 BALTIMORE

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94777 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Desmond

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 2. Jefferson St. East.

*Cause of Death,* First (Primary), Pneumonia Abscedens

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sept 13 86

*Undertaker,* Wm S Key

*Place of Business,* 71 N Broadway

John Ayd M. D.
Medical Attendant.

*Address,* 508 E. Monument St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9-1801 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1856

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Francis Brady

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~.* {Cross out the words not required in this line.}

*Occupation,* Cooper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give Street and Number.} 301 N. Bway

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Week 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept 13th 1856

*Undertaker,* J. Pink & Son

*Place of Business,* 461 N. Gay *Address,* Cor Bway & Barney

J. B. Schwatka M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9-L801 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. L. Innes

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 116 N. Pattenson Park Ave.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Pikesville, Balt Co

*Date of Burial,* Sept 13 1886

*Undertaker,* G. Frank

*Place of Business,* Frank & Bird

G. W. Cook M. D.

Medical Attendant.

*Address,* 1000 E. Balto

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94802 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John F Humphreys

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1/2 *Months.* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 196 S. Gilmore

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Malaria

*Duration of Last Sickness.* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Wm Mill Baltimore Co

*Date of Burial,* Sept 13th 1886

*Undertaker,* Geo B Cook.

*Place of Business,* No 707 W Baltimore St Address.

M. D.

Medical Attendant.

137 S Gilmore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94803 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Barr

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* / *Years,* 7 *Months.* — *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 6th Bradfords Alley

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 1 Year

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemt

*Date of Burial,* Sept 12th 86

*Undertaker,* Wm H Younger

*Place of Business,* 62 East St *Address.* Eutaw St

James H Cummings M. D.

~~Medical Examiner.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ... be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ... th.

[OVER.]

W. H. Roberts Sanit. Inspector

Special Attention of Physicians is respectfully invited to the Remarks on the Reverse Side.

# Board of Health, City of Baltimore.

Permit No. 9480 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 3 P.M. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Margaret Jaeger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* 22 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation* XXX

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 218 Caste St

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate),

*Duration of Last Sickness,* Last hour.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept 13th 86

*Undertaker* G. Frances

*Place of Business,* Dan'l & Koppe *Address,* 1 E. Pratt St

James E. Gill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94805 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 11 Sept. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Buttner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~4~~ *Years,* 6 *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* nurse

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. V

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 14 N. Carrollton Av

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* during life

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet cem

*Date of Burial,* Sept. 13th 1886

*Undertaker,* Stuart & Mowen

*Place of Business,* 35 Park ave

John Hood M. D.
Medical Attendant.

*Address,* 574 W. Fayette st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9480b

*Office of Registrar of Vital Statistics.*

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H Neubauer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 2 *Months,* ... 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 985 W Pratt St

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cem.

*Date of Burial,* Sept 13th

*Undertaker,* Jno F Bruce

*Place of Business,* 66 Fund Av

James Bosley M. D.
Medical Attendant.

*Address,* 319 Hollins St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of

# Health Department, City of Baltimore.

Permit No. 7480 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1886 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas W. Smith -

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~2~~ 33 *Years,* ——— *Months,* ——— *Days.*

*Color,* Black

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.} M

*Occupation,* Sailor -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md -

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Drowned at foot of Lee St. Residence No 7 X Alley,

*Cause of Death,* First (Primary), Drowning - Was under the influence of liquor at the time -

Second (Immediate), Asphyxia -

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 13 1886

*Undertaker,* Hercules R.R. Co

*Place of Business,* 15 Caroline St

Frank J Flanner M. D.
Coroner
~~Medical Attendant.~~

*Address.* 1701 Dr. Hill ave.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94808 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

*Date of Death,* Sept. 10. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Horstmaier

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 15 *Years,* *Months.* 21 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 50 Stiles St

*Cause of Death,* First (Primary), Mitral disease & Hypertrophy

Second (Immediate), General anasarca

*Duration of Last Sickness,* Some time

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* Sept 13th 1886

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave

W. F. Kemp M. D.
Medical Attendant.

*Address,* 516 N Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94809 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. C

*Date of Death,* Sept 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina Weber

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* House keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 mths.

*Place of Death,* {Give Street and Number.} 181 Penna Ave

*Cause of Death,* First (Primary), Sporadic Dysentary,

Second (Immediate), Exhaustion -

*Duration of Last Sickness,* 4 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept. 13.

*Undertaker,* Walter Emmel

*Place of Business,* 315 W. Baltimore *Address,* 515 Penna Ave

J. Rickert M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

# Health Department, City of Baltimore.

Permit No. 94810 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. a

*Date of Death,* Sept. 13 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie T. Brogham

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 80 N Eden St.

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 14 86

*Undertaker,* H. Co. Wadefield

*Place of Business,* 100 Greenmount Ave

J. A. Robinson M. D.
Medical Attendant.

Address, 1515 Druid Pl.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 94811 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Algernon Sydney Mendenhall

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* School-teacher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Savannah Ga

*Duration of Residence in the City of Baltimore,* 47 years

*Place of Death,* {Give street and number.} #1 Lorman St-

*Cause of death,* First, (Primary,) Injury from fall

Second, (Immediate,)

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Sept 13th 1889

*Undertaker,* John L. Mackie

*Place of Business,* No 150 Lamont

J. H. Clark M. D., Medical Attendant.

*Address,* 207 N Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

**Permit No.** 9481 2 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

D

*Date of Death,* Sept, 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew H Kenny son of Victoria Annie

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months,* *Days.*

*Color,* White

*~~Married, Single,~~ Widow or Widower,* {Cross out the words not required in this line.} Infant

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto "

*Duration of Residence in the City of Baltimore,* ~

*Place of Death,* {Give Street and Number.} 78 Watson St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* three hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 13th 82

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Balto St

A Hrepshertzer M. D.
Medical Attendant.

*Address.* 1102 E Balto St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 94813 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bell Moore

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* ... *Months,* ... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housework

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Cecil County Md

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and Number.} 84 E Fayette W

*Cause of Death,* First, (Primary.) Consumption of lungs & Intestines

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Friend's Cemetery

*Date of Burial,* Sept 14 1886

*Undertaker,* Evans & Spence

*Place of Business,* 800 E Balto st

Wm H Gittenduffer M. D.,
Medical Attendant.

Address, 124 Bolton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 91814 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* September 12, 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William M Ires.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 4 *Months,* *Days*

*Color,* White ✓

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Machinist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 41 N. High St

*Cause of Death,* First (Primary),

Second (Immediate), Cancer of Stomach

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 14th 1886

*Undertaker,* Edwin H. Mears

*Place of Business,* #22 W. Fayette St *Address,* J. W. Hack M. D.
Medical Attendant.

*Address,* 95 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 24815 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 12, 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas F W. Neid

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 42 *Years,* ... *Months,* ... *Days*

*Color,* white

*Married, Single, Widowed or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shirtmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 214 N. Durham

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Sept 14th 1886

*Undertaker,* Henry W. Mears

*Place of Business,* #22 W. Fayette St

Irving Miller M. D.

Medical Attendant.

*Address,* 1207 E. Monument St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the date of death.

[OVER.]

ue Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 9781 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* o the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if equested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Foppiano

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~ *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* life-time

*Place of Death,* {Give Street and Number.} 70 Pratt st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns

*Date of Burial,* Sept 13

D W Cathell M. D.

Medical Attendant.

*Undertaker,* Wendell Sons

*Place of Business,* 151 S Bond *Address,* 2 W Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 94817 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma W. Foreman

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 28 *Years,* ..... *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give Street and Number.} 258 Hanford Ave

*Cause of Death,* First (Primary), Intra Cranial Tumor

Second (Immediate), .....

*Duration of Last Sickness,* About 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Washington D. C.

*Date of Burial,* Sept 14th 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

W. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Pratt St

**Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Frame 4355

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C[illegible]

# Health Department, City of Baltimore.

Permit No. 54818 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1886 BALTIMORE, MD.

B.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Boyesen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Norway 6 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 21 South Patterson Park ave

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Sept 13/86

*Undertaker,* Wm A Davis

*Place of Business,* [illegible] *Address,* [illegible]

Chas R Ferguson M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 94819 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP. 14 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hellis Ray Law

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 3 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 612 N Fremont

*Cause of Death,* First (Primary), ...

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 14th 86

*Undertaker,* J. B. Cook M. D.

Medical Attendant.

*Place of Business,* 707 W Balto & Address 572 N Fremont

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 94820 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1886 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1886.

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel White

*Sex, Male ~~or Female~~.* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Waiter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Alexandria, Virginia.

*Duration of Residence in the City of Baltimore,* about 45 years.

*Place of Death.* {Give street and Number.} No. 6 Linden ave.

*Cause of Death,* First (Primary), Dysentery.

Second (Immediate). Exhaustion (Feeble constitution)

*Duration of Last Sickness,* about two weeks.

the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 14th 1886

*Undertaker* Wm. J. Gray

*Place of Business,* 65 Mulberry

Christopher Johnston Jr. M. D.
Medical Attendant.

*Address,* 82 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 94821 *Office of Registrar of Vital Statistics* Ward 16 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhardt Hoff

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 61 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Cigar maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 46 Portland st

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate), Prostration

*Duration of Last Sickness,* 2 Years

All the above Information should be furnished by the Physician.

*Place of Burial,* Bak Cemetery

*Date of Burial,* Sept 14th 1886 C. L. Buddenbohm M. D.

Medical Attendant.

*Undertaker,* Geo Lainbach

*Place of Business,* 289 W Pratt St *Address,* 166 S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of th

# Health Department, City of Baltimore.

Permit No. 9484 *Office of Registrar of Vital Statistics.* Ward 17 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry C. Carroll

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Both

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 37 Randall St

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Sept 14th 1886

*Undertaker,* Armistead Dey

*Place of Business,* 763 Light *Address,* 469 Canton

Gustavus Cotes M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back o

# Health Department, City of Baltimore.

Permit No. 94823 *Office of Registrar of* Ward 16th

HEALTH DEPARTMENT SEP 14 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B 1

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie L. Thomas

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 7 *Days.*

*Color,* Black -

*Married, Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 43 Elbow Lane -

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Spasms -

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Wm Pt Cemetery

*Date of Burial,* Sept 14 1886

*Undertaker,* H. Culen Hess

*Place of Business,* 75 Eastlake

Frank J Flannery M. D.
Coroner ~~Medical Attendant.~~

*Address,* 2404 Dr. Hill ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 9482 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Friday 10th P.M. Sept. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Long

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* about 30 *Years,* *Months,* *Days.*

*Color,* Black

*~~Married, Single~~ Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pocomoke Md

*Duration of Residence in the City of Baltimore,* Not Known

*Place of Death,* {Give Street and Number.} 115 Gorsuch

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn

*Date of Burial,* Sept 14 1886

*Undertaker,* Hartman Ross

*Place of Business,* 25 Eastern Ave. *Address.*

Julius Noll M. D.
Medical Attendant.

77 Hill St. Southwark

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 94825 *Office of Registrar of Vital Statistics* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McCabney

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 33 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D. C. 19 yrs.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} # 498 W. Pratt St.

*Cause of Death,* First (Primary), Confinement.

Second (Immediate), Post partum hemorhage

*Duration of Last Sickness,* 1 day

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 14th 1886

*Undertaker,* W. Cadogan

*Place of Business,* 227 Mulberry St. *Address,* Cor. Columbia & Fremont Ave.

David A. Gardiner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 24826 *Office of Registrar of Vital Statistics.* Ward 5-U

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 14 1896 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Bauer

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ~~1 Year.~~ 2 Months. ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 47 Chew st.

*Cause of Death,* First (Primary), Entero-colitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem'y

*Date of Burial,* Sept 14 1896

*Undertaker,* Henry Tuck

*Place of Business,* 924 E. Balto st *Address,* 289 N. Eden st

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 94827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, SEP 14 1886, BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* September 12 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Meyer Sen

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* Shoemaker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Balto City Jail

*Cause of Death,* {First (Primary,) Gastritis with Hepatic Congestion
Second (Immediate,)

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem, D. P. Hoffman M. D.
Medical Attendant.

*Date of Burial,* Sept 15 86

{*Undertaker,* B Hard
{*Place of Business,* 82 West st. *Address* 279 west Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on bac

# Health Department, City of Baltimore.

Permit No. 94828 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the delivery of this DEAD Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas L. Knell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 4 *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 90 S. Gilmore St

*Cause of Death,* First (Primary), Peritonitis

Second (Immediate), Perforation of Intestines

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sep 15

*Undertaker,* Jos B Cook

*Place of Business,* 709 W Baltimore *Address,*

M. D.

Medical Attendant.

Address, 83 S Gilmore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of th

# Health Department, City of Baltimore.

Permit No. 97829 *Office of Registrar of Vital Statistics.* Ward 6 "4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily J. Henderson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 10 mo 24 days

*Place of Death,* {Give Street and Number.} 6 N. Chapel Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem.

*Date of Burial,* Sept. 14th 1886

*Undertaker,* A. Finch & Son — C. D. Goodman *M. D.*

Medical Attendant.

*Place of Business,* 1161 N. Gay *Address,* 812 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

# Health Department, City of Baltimore.

Permit No. 9-L830 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 14 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 13. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Lee Matthews

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 93 S. Washington St,

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 15th 1886

*Undertaker,* Henry J Mitchell

*Place of Business,* 65 S Broadway Address,

J. W. Hook M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94831 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Brodnick

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~——~~ *Years,* ~~——~~ *Months,* 3/4 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ~~——~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 465 N. Stricker St.

*Cause of Death,* First (Primary), ……

Second (Immediate), Premature birth

*Duration of Last Sickness,* ~~——~~

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept 14. 1886

*Undertaker,* Martin Gahn

*Place of Business,* 128 Lawrence St. *Address,* ……

Jno. Brooke Boyce M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9483½ *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 14 1886, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 13th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Simms

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 22 *Months,* ——— *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None any

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 501. Bruce St.

*Cause of Death,*
First (Primary), Cholera Infantum
Second (Immediate), Exhaustion

*Duration of Last Sickness,* Five days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loyre

*Date of Burial,* Sept 14th 1886

Edward G. Mackenzie M. D.
Medical Attendant.

*Undertaker,* Alex Heusler

*Place of Business,* 116 Orchard *Address,* 69 Frankfort St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to the Penalty Under this Certificate

# Board of Health, City of Baltimore.

9
13

Permit No. 94833 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Medical Certificate of Death.

HEALTH DEPARTMENT, SEP 14 1886 BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 1886

*Full Name of Deceased.* { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. A. [illegible]

*Sex, Male ~~or Female~~.* { Cross out the word not required in this line. } Male

*Age,* 61 *Years,* ——— *Months.* ——— *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~.* { Cross out the word not required in this line. }

*Occupation* Brickmaker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* { Give street and Number. } 24 King st

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* September 15 1886

*Undertaker* Norgunt & Bro

*Place of Business,* Mumbay *Address,* 104 Hanover

Geo. A. [illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94834 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH

*Date of Death,* Sept 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Jaeger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* 5 *Months,* 8 *Days*

*Color,* White

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Cooper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 Years

*Place of Death,* {Give Street and Number.} 235 Eastern Ave.

*Cause of Death,* First (Primary), Gastric Cancer

Second (Immediate), Marasmus

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore (Loudon)

*Date of Burial,* Sept 16th

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Wm Gombel M. D.
Medical Attendant.

Address, 170 S. Straw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

*Permit No.* 94835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 14 1886, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 13 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Simpson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 55 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md 55 yrs.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 148 Pine St.

*Cause of Death* {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Dysentery (Exhaustion)

*Duration of last Sickness,* (Dysentery) 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* Sept. 15th 1886.

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N. Fremont St.

H. Boyd Wylie M. D.
Medical Attendant.

*Address,* N. 507 Saratoga St

0 198.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

# Board of Health, City of Baltimore,

Permit No. 94836

*Office of Registrar of Vital Statistics.*

19

The Physician who attended any person in a last illness is responsible for the filling out of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, SEP 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

14

*Date of Death,* Sept 12. 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Rouse

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 88 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Tailor

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* { Give street and number. } Aged Mens Home

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 13th 86

*Undertaker,* Rec Jenkins Son

*Place of Business,* Park & Saratoga

Robt H Johnson *M.D.,*

Medical Attendant.

*Address,* 64 Franklin St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94837 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept. 14th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Naomi Warner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... *Months,* 2 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 339 N. Ann St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 15 1886

*Undertaker,* J. W. Jenkins

*Place of Business,* Gay & Lord

John D. White M. D.
Medical Attendant.

*Address.* 347 N. Broadway.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94838 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thaddeus C Dodson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 58 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* House Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give Street and Number.} 317 E Balto St

*Cause of Death,* First (Primary), Exhaustion

Second (Immediate), Nervous Shock

*Duration of Last Sickness,* Nearly 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Talbot Co Md

*Date of Burial,* Sept 15/86

*Undertaker,* W A Harper

*Place of Business,* 54 E Balto Address, 36 S Eutaw St

J. E. Clagett M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4361 Everett

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94839 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 79 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Four years

*Place of Death,* {Give Street and Number.} No 321 Pratt ave

*Cause of Death,* First (Primary),

Second (Immediate), Old Age

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonne Brae cemetery

*Date of Burial,* Sept 15th 1896

*Undertaker,* Daniel Flynn

*Place of Business,* 109 West St *Address,* Same M. D.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Hubert Seward

Permit No. 94840

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence F Boyer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} St Marys St Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} No 50 S. Monument St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Acute Meningitis

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St Cem

*Date of Burial,* Sept 16th 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St *Address,* No 157 N Paca St

Th. F. Omus M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24411

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore,

Permit No. 97841 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* 7 *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Anoundel co Md

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and Number.} 214 Vine st

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 14 months

the above information should be furnished by the Physician.

*Place of Burial,* Evans St Burying Ground

*Date of Burial,* Sept 16th 1886

*Undertaker* W. N. Dongee

*Place of Business,* Carrollton Ave *Address,*

H. N. Shultz M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94842 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 14. 1886

*Full Name of Deceased,* {Write legibly and Spell correctly. If an Infant not named, give names of parents.} Frances Orf

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 12 S Wilcox Alley

*Cause of Death,* First (Primary), Membranous Croup

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept. 15/86

*Undertaker,* John P. Pentz

*Place of Business,* 66 Fish St. *Address,* 319 Hanover St

James Bosley *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94843 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1894

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G Lehrer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 63 *Years,* 8 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} No 156 E Lombard St

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate).

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas's

*Date of Burial,* Sept 9th 94

*Undertaker,* J. Beth and Son

*Place of Business,* 536 Lombard *Address.*

M. D. Kyster M. D.
Medical Attendant.
156 E. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94847 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* Sept. 14. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown Child

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, Months, 2 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 50 W. Eager Pl.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* One week

All the above Information should be furnished by the Physician.

*Place of Burial,* Ht. Redeemer Cem

*Date of Burial,* Sept 16th

*Undertaker,* H. C. Akamp

*Place of Business,* 253 E. Fayette

H. L. Lurk M. D.
Medical Attendant.

*Address,* 2000 E. Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94845 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Robb

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 7 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} 256 & Caroline St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* S. Paulus Cemetary

*Date of Burial,* Septemb. 16th 1886.

*Undertaker,* Leonhard Veit

*Place of Business,* No 277. S. Bond Street *Address,* 2 N Broadway

R W Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94846 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Hall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} Parish Alley # 11.

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Loss of Strength

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharps St Cemetery

*Date of Burial,* Sept 16 1886

*Undertaker,* William Berger

*Place of Business,* 62 East St *Address.*

L G Sparrow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9784 7 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Beetle

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 1 *Months,* 7 *Days*

*Color,* Brown

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City -

*Duration of Residence in the City of Baltimore,* 5 weeks

*Place of Death,* {Give Street and Number.} 36 Josephine St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shopers Town Cemetery

*Date of Burial,* Sept 15 1886

*Undertaker,* Wilbur Burgess

*Place of Business,* 62 East 4

J. B. Garnett M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The ... Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Permit No. 94848

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Bowers

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* About 40 *Years,* *Months,* *Days.*

*Color.* Mulatto

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Middletown Del

*Duration of Residence in the City of Baltimore,* 60 or 8 years

*Place of Death,* { Give street and number. } # 2 Peach alley

*Cause of Death,* { First, (Primary.) Carcinoma of Uterus

Second, (Immediate.) Lingering Months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Sept 15 1886

{ *Undertaker,* Hercules Ross

{ *Place of Business* 95 Commerce

R. H. Bell M.D.,

Medical Attendant.

*Address* 128 Cathedral

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 94849

# Health Department, City of Baltimore.

Permit No. 94849 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

C

*Date of Death,* September 14 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Schulberg

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 23 Months

*Place of Death,* {Give Street and Number.} 23 Saratoga St.

*Cause of Death,* First (Primary), Laryngeal Diphtheria

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Shulem

*Date of Burial,* Sept 15 1886

*Undertaker,* Evans & Green

*Place of Business,* 1105 E Baltimore *Address,* 1 W. Eutaw St.

J. H. Mayer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9485 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thirty Barton

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ~~Years,~~ ~~Months,~~ Seven Days.

*Color,* Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 619 Bond Street

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street Cemetery

*Date of Burial,* Sept 15th 96

*Undertaker,* Wm. M. Dunyee

*Place of Business,* No 62 East [illegible] *Address,* Corner Pac. & R

James A Clemens M. D.

[illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Henry to Seward S. I.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9485 / *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L. Dodd

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 11 *Months,* ~~Days.~~

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 291 N Front st

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate), Marasmus

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Sept 16th 1886

*Undertaker,* W J Dunges

*Place of Business,* East St

~~Medical Attendant~~ M. D.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKeown Sanitary Inspector

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94852 *Office of Registrar of Vital Statistics.* Ward 8 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burial Cafferty

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 55 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35

*Place of Death,* {Give Street and Number.} 521 Eighth st

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* about two years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept 16 th

*Undertaker,* H. C. Windefeld

*Place of Business,* 10 Fremont Ave

R. B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Pratt st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore, 10

Permit No. 94853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 15 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Lucas

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 7 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} U.S.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 14 Vine St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) —

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shanpet. Cemetery

*Date of Burial,* Sept 15 '86

*Undertaker,* Alex Shumely

*Place of Business,* 116 Orchard St

O'Edwards M. D.
Medical Attendant.

*Address,* W. H. Grace Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9482 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Kistler

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Wurtemburg Germany

*Duration of Residence in the City of Baltimore,* Forty years

*Place of Death,* {Give Street and Number.} 45 Gough St

*Cause of Death,* First (Primary),

Second (Immediate), Inflammation of the bowels

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician. Coroner

*Place of Burial,* Lloyd Street Cemetery

*Date of Burial,* Sept. 16th 1886

*Undertaker,* Evans & Shuman

*Place of Business,* 60 & 62 Bank St

Nicholas T. Dashiell M. D.
Medical Attendant.

*Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7855

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 14855 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One 1 *Years,* ..... *Months,* One 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 513 Augusta Street

*Cause of Death,* First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Marasmus

*Duration of Last Sickness,* Two (2) weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Sept. 16. 86.

*Undertaker,* H. Hofmann

*Place of Business.* 63 N. Eden St

I do Know M. D.
Medical Attendant.

*Address,* 627 Fairmount Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 14856 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH

*Date of Death,* Sept 13th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Spinster

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore died 9 yrs

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 75 S. Caroline St

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), Heart Failure

*Duration of Last Sickness,* two (2) weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Sept. 16/86

*Undertaker,* W. Cook

*Place of Business,* 707 W Balto St

H. L. Sloan M. D.
Medical Attendant.

Address. 38 N. Entaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9 1857 *Office of Registrar of Vital Statistics.* Ward 13 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Mottern

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days*

*Color,* Blk.

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Iron Moulder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

*Duration of Residence in the City of Baltimore,* 30 yrs.

*Place of Death,* {Give Street and Number.} 84 Cedar alley

*Cause of Death,* First (Primary),

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn

*Date of Burial,* Sept 16 1886

*Undertaker,* Wm. Cutler Ross

*Place of Business,* 95 Eutaw St

J. Gilchrist Thom M. D.
Medical Attendant.

*Address,* 7 Mt. Vernon Pl.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94838 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bridduck Sister Mary Eve

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* School Sister de Notre Dame

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pittsburgh Pa

*Duration of Residence in the City of Baltimore,* Six yrs

*Place of Death,* {Give Street and Number.} Convent de Notre Dame Aisquith,

*Cause of Death,* First (Primary), Consumption of Lungs,

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* ~~St. Alphonsus~~

*Date of Burial,* 17th Sept

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Jay St

John F. Loman M. D.
Medical Attendant.

*Address,* S.W. Cor. 1st & Read

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94859 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 11th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Silver

*~~Sex~~, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* 9 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Musician

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 35 years & 9 months

*Place of Death,* {Give Street and Number.} 41. N. Carolina St.

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 13th 1886

*Undertaker,* John Kenney

*Place of Business,* 282 Orleans

W. H. Norris M. D.
Medical Attendant.

*Address,* 1200 or 1184 E. Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 94860 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs or is discovered, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hausge

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months.* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* from birth

*Place of Death,* {Give Street and Number.} 54 S. Regester St

*Cause of Death,* First (Primary), Membranous Croup

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Sep 16 to 1886

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans *Address,* 66 E Baltimore St

L. H. Thomas M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 9486 *Office of Registrar of Vital Statistics.* Ward 19 11 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 15: 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Emmett

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 406 W. Laurel St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), .....

*Duration of Last Sickness,* about a month

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 17th 1886

*Undertaker,* Henry S. Mitchell

*Place of Business,* 530 W. Fayette *Address,* 201 Park Ave

C. E. Wilson M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

14/6

Permit No. 94862 *Office of Registrar of Vital Statistics.* Ward 11th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15 in

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. L. Wilmoth B

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 4 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 5 yrs.

*Place of Death,* {Give Street and Number.} 105 S. Hodeken st.

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis.

*Duration of Last Sickness,* 5 mos. Known only 1 week 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Sept 17 '86

*Undertaker,* W. J. Dill & Son

*Place of Business,* 183 Columbia Ave *Address,* Fayette Pac. st.

*M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94863 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Lucas

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 612 W Pratt St.

*Cause of Death,* First (Primary), Whooping Cough.

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Two (2) Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Sept 17

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

A. L. Gihon M. D.
Medical Attendant.

*Address,* 307 N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94864 *Office of Registrar of Vital Statistics.* Ward 11 C 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Whistler 74

*~~Sex, Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 52 yrs. *Years,* — *Months,* — *Days*

*Color,* White.

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} Mt. Gen Hospital, 2582 Linden Ave.

*Cause of Death,* First (Primary), Senile Asthenia, & Cardiac Dropsy

Second (Immediate), ~~Dropsy~~ Prostration,

*Duration of Last Sickness,* all Summer.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 17

*Undertaker,* S B Couch

*Place of Business,* 707 N Balto

Robert Bond M. D.
Medical Attendant.

*Address,* Mt Gen Hospital, Linden Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94865 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 15th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Johnson B

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ✓

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Back

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 805 S Eutaw St

*Cause of Death,* First (Primary), .....

Second (Immediate), Tetanus

*Duration of Last Sickness,* One day

All the above Information should be furnished by the Physician.

*Place of Burial,* Dark Corner

*Date of Burial,* Sept 16 1886

*Undertaker,* [illegible]

*Place of Business,* [illegible]

A. McHall M. D.
Medical Attendant.

*Address,* 175 Druid Lane

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94866

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94866 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Turner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male a

*Age,* 35 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard County Md.

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} #24 Wagon Alley

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* [illegible]

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Frank Martin *M. D.*

Medical Attendant.

*Address.* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24867 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Strobel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 5 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 619 E. Pratt st.

*Cause of Death,* First (Primary), Spasm

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park

*Date of Burial,* Sept 17

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna Ave

C. L. Buddenbohm M. D. Medical Attendant.

*Address,* 166 E. Pratt st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C...

# Health Department, City of Baltimore.

Permit No. 94868 *Office of Registrar of Vital Statistics.* Ward 10 Cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP. 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 9, 15, 86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz.ᵇ Arnold

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months.* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} ✓

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore.* 50 Years

*Place of Death,* {Give Street and Number.} 385 Lanvale St

*Cause of Death,* First (Primary), Heart disease

Second (Immediate),

*Duration of Last Sickness,* Few hours

All the above information should be furnished by the Physician.

*Place of Burial,* ~~St. Peters~~ Cemetery

*Date of Burial,* Sept. 15th/86

*Undertaker,* M Corrigan

*Place of Business,* 227 Eutaw St *Address.* 349 Lexington

Lewis M. Eastman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94869 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann.

*Sex, Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 4 *Days.*

*Color,* White.

~~Married~~, *Single, Widow or Widower*, {Cross out the words not required in this line.}

*Occupation.*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} St. Vincent's Asylum.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Sx.

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Nor~~ Cathedral

*Date of Burial,* 16th ~~Sept~~ 86

*Undertaker,* John Masterson F J Flanners M. D.

Medical Attendant.

*Place of Business,* St. Vincents *Address* 1701 Dr. Hill ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94870

## Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* Sept. 15, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C. Isaac Jr.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 9 *Months,* 2 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore - Md - ✓

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 219 N. Carrollton ave.

*Cause of Death,* First (Primary), Dysentery -

Second (Immediate), Meningitis, exhaustion & internal hemorrhage

*Duration of Last Sickness,* one week - 3 days under treatment -

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Sept 17th

*Undertaker,* F. Lewis Schaefer } 6 E. Fayette

*Place of Business,* 10th & Pratt } *Address,* 185 N. Carey st

*M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94871 *Office of Registrar of Vital Statistics.* Ward 2 2

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 17 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Clemson

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} S

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} # 94 Lancaster Street

*Cause of Death,* First (Primary), Valvular disease of Heart

Second (Immediate),

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 18 '86

*Undertaker,* John C Ichnde & H Ruddy

*Place of Business,* 26 Hillcam *Address,* 101 N Broadway

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94872 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1886 BALTIMORE, MD.

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## CERTIFICATE OF DEATH.

*Date of Death,* September 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Reinser

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* + *Months,* + *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give Street and Number.} 71 Cambridge St.

*Cause of Death,* First (Primary), Pulmonary Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Sept. 17/86

*Undertaker,* M. Zunk

*Place of Business* Bank St

H. V. Gosweiler, M. D.
Medical Attendant.

*Address,* 96 S. Ann St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

# Health Department, City of Baltimore.

Permit No. 94873 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Taylor

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 11 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 239 E. Monument St.

*Cause of Death,* First (Primary), Cyanosis

Second (Immediate),

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept. 17th

*Undertaker,* Wm Riordan

*Place of Business,* 949 Aliceanna St.

R. M. Mansfield M. D.
Medical Attendant.

*Address,* 50 E. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94874 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Keeller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* 3 *Years,* 11 *Months,* 4 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation.*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No. 32 Fairlie St.

*Cause of Death,* First (Primary), Diphtheretic Croup.

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Septem 17

*Undertaker,* Henry Bride.

*Place of Business,* Henrietta 81

Chas. F. Chandler M. D.
Medical Attendant.

*Address,* On Columbia & Fremont Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of D... on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94875 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Roland

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} √

*Occupation,* Saloon

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Amelia

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} 196 Johnson St

*Cause of Death,* First (Primary), Typhoid Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 7 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Saturday Sept 18

*Undertaker,* E. Harty

*Place of Business,* 82 West St *Address,* 110 Fort Ave

O. A. Cooke *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 94876 *Office of Registrar of Vital Statistics* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

HEALTH DEPARTMENT SEP 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 16, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bodenschatz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* 4 *Months,* 7 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Grocer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give Street and Number.} 364 McHenry

*Cause of Death,* First (Primary), Chronic Gastritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* Sept. 18/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. Address,

Louis Bodey M. D. Medical Attendant.

369 Hollins St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C[illegible]**

# Health Department, City of Baltimore.

Permit No. 94877 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH. D

*Date of Death,* Sept 16 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie P Middleton

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 25 *Years,* —— *Months,* —— *Days.*

*Color,* White

~~Married, Single,~~ *Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

*Duration of Residence in the City of Baltimore,* Abt 25 years

*Place of Death,* {Give Street and Number.} 20 Madeira St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), et Intestinalis

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae cem

*Date of Burial,* Sept 18th 1886

*Undertaker,* Steward & Howson

*Place of Business,* 35 Park ave

Thos. L. Shearer M. D.
*Medical Attendant.*

*Address,* 20 W. Madeira St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94878 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT SEP 17 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 16th Sept. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Hartung

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* 2 *Months,* 12 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. ✓

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 414 Sharp st

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Cardiac Dropsy

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto = County

*Date of Burial,* Sept 19th 1886

*Undertaker,* H. Deenwald. H. W. Webster Jr. M. D.

Medical Attendant.

*Place of Business,* 35 S. Eutaw *Address,* 101 Barre st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 94879 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 17 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17-1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Holt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 3 *Months,* 7 *Days*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 62 Preston

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 291 Eutaw (H)

*Cause of Death,* First (Primary), Stomatitis,

Second (Immediate), Exanition

*Duration of Last Sickness,* 3 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Virginia

*Date of Burial,* Sept 17/86

*Undertaker,* Chas F Lewis — W Gray Smith M. D. Medical Attendant.

*Place of Business,* 911 N Eutaw *Address,* 85 N Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

436 Transcribed

Th? Special Attention of Physicians to the [illegible] Back of

# Board of Health, City of Baltimore,

Permit No. 94880 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 17 1886, BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 16th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Kassler.

~~Sex~~ *Male or* ~~*Female*~~, { Cross out the word not required in this line. }

*Age,* 1 *Years,* 10 *Months,* 16 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* Nil

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Canton Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 90 Stephen Street - Canton

*Cause of Death,* First, (Primary,) Pertusis

Second, (Immediate,) Broncho - Pneumonia.

*Duration of Last Sickness,* About 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial.* St. Alphonsus Cem.

*Date of Burial.* Sept. 17th 86

*Undertaker,* G. Franc

*Place of Business,* Bank & Wolfe Co. *Address,* 1½ S. Exeter Street

Alfred Whitehead M.R.C.S. Eng: M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

# Health Department, City of Baltimore.

Permit No. 94881 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Rawlings

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 10 S. Exeter St.

*Cause of Death,* First (Primary), [illegible]

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 18th 1886

*Undertaker,* Evans & Spence

*Place of Business,* 60 Hanover St *Address,*

Jno Brooke Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

# Health Department, City of Baltimore.

Permit No. 94882 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT RECEIVED Feb 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dempsey

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 2 hours *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 44 Hillman St.

*Cause of Death,* First (Primary),

Second (Immediate), Premature Birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Hoyle Gr. Cemetery

*Date of Burial,* Febr 18th 1886

*Undertaker,* Evans & Speir

*Place of Business,* 60 & Balto St

Geo Buchanan Boyle M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

# Health Department, City of Baltimore.

Permit No. 94883 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 17 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15, 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 2 *Years,* 11 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 301 E. Pratt St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Spasms

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* Sept 17 1886

*Undertaker,* Wells and Handy

*Place of Business,* 19 West St. *Address,* 17 Light St.

E. L. Boyd *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 74

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94884 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 17 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Barbara Klehm

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} 7 Stone St

*Cause of Death,* First (Primary), Epilepsy

Second (Immediate), Paral[illegible]

*Duration of Last Sickness,* Paralysis

All the above information should be furnished by the Physician.

*Place of Burial,* N. Matthews Cem

*Date of Burial,* Sept 17. 1886

*Undertaker,* H. Sander & Son

*Place of Business,* 932 Canton Ave. Address, 03 Eliot St

G. Delaney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94885 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH. H

*Date of Death,* Sept. 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. Thomas Magious

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Clergyman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 24 yrs in Am

*Duration of Residence in the City of Baltimore,* 4 yrs

*Place of Death,* {Give Street and Number.} Dr. Jas. Church - Eager & Aisquith

*Cause of Death,* First (Primary), Typho-malarial Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* Sept. 18 1886

*Undertaker,* Henry Hoen

*Place of Business,* 309 N Central Ave *Address,* 188 N Calvert St

Oscar Kelly M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 9-1886 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 17 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Krapf

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* ... 5 *Months,* ... 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 157 Cross St.

*Cause of Death,* First (Primary), Infantile convulsions

Second (Immediate), Convulsions ?

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon

*Date of Burial,* Sept. 17

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Geo. A. Smith M. D.
Medical Attendant.

*Address,* 281 E. Chase St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 21887 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Paterson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Inst. Little Sisters of the Poor

*Cause of Death,* First (Primary),

Second (Immediate), Age & Infirmity

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* SEP 18 1886

*Undertaker,* Morgan & Tyce

*Place of Business,* 9 Mulberry St

Wm. Brooke Boyle M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 24888 *Office of Registrar of Vital Statistics.* Ward 5 41 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17 = 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Fink

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 2 *Years,* 3 *Months,* [illegible] *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 364 N. Gay St

*Cause of Death,* First (Primary), Cerebral Convulsions.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 19 th

*Undertaker,* Geo Schilling

*Place of Business,* 1 N Eutaw Place

Irving Miller M. D.
Medical Attendant.

*Address,* 179 E. Monument

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 94889

*Office of Registrar of Vital Statistics.*

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 " 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lizzie Parker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 6 *Months,* ... *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ( ) ✓

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give Street and Number.} 12 Booth St.

*Cause of Death,* First (Primary), Entero-colitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Shamp St Cemetery

*Date of Burial,* Sept 13th 86

*Undertaker,* William H. Dwyer

*Place of Business,* 62 East St

C. H. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 9 4890 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the transmission of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE, MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Leith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} At Friends Home

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) —

*Duration of Last Sickness,* Comp

All the above information should be furnished by the Physician.

*Place of Burial,* Nat Olivet Cem

*Date of Burial,* Sept 18th 1886

*Undertaker,* Henderson Bros

*Place of Business,* Park & Saratoga

Robt W Johnson M. D., Medical Attendant.

Address, 64 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

Permit No. 9489 1 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17th. '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora R. Laughlin

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* 20 *Months,* ~~*Days*~~

*Color,* Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* 20 months.

*Place of Death,* {Give Street and Number.} 8 Elder al.

*Cause of Death,* First (Primary), cholera

Second (Immediate), Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shanfield Cemetery

*Date of Burial,* Sept 18 86

*Undertaker,* Alex Kennedy

*Place of Business,* Richardson *Address,* 120 N. Greene St.

J. J. Gardner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94892 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP. 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Wilson

*Sex, Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days*

*Color,* ed

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} North Severn A. A. Co

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give Street and Number.} 19 Waeshe St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), "

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Sept 19th 1886 B. B. Browne M. D.

Medical Attendant.

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard *Address,* 307 Madison Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97893 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Hall

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* Eight *Months,* *Days*

*Color,* mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 20 months

*Place of Death,* {Give Street and Number.} 196 Biddle St.

*Cause of Death,* First (Primary), Hooping Cough

Second (Immediate), Convulsions

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 18th 1886

J. A. Fleming M. D.

Medical Attendant.

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard

*Address,* Cor Frankin & Greene Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Penalty of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

(11 42)

*Permit No.* 9489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

(B)

HEALTH DEPARTMENT
SEP 16 1886
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~August 16~~ September 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia J. Dillon

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* One Week

*Place of Death,* {Give street and number.} 138 Orchard Street

*Cause of Death,* First (Primary,)

Second (Immediate,) Capillary Bronchitis

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Patapsco Neck Frank W. Gorman M. D.

*Date of Burial,* Sept 18th 1886 Medical Attendant

*Undertaker,* Alex Hemsley *Address* 940 Greene St

*Place of Business,* 116 Orchard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 7895

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 24895 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1884 BALTIMORE, MD.

D

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie V. Cook

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Malta

*Duration of Residence in the City of Baltimore,* all but 4 yrs

*Place of Death,* {Give Street and Number.} 404 E. Eager

*Cause of Death,* First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 2 mos or more

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* 18 Sept 16 1884

*Undertaker,* Henry McGuire

*Place of Business,* 8 N Central Av *Address,* 171 N Calvert

Geo B Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9489 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 16 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Booze

*Sex,* ~~Male~~ *or Female,* {cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester County Maryland

*Duration of Residence in the City of Baltimore,* 15 years.

*Place of Death,* {Give street and number} Corner of Preston st & Jordan alley

*Cause of Death* { First, (Primary,) Consumption.
Second, (Immediate,)

*Duration of last Sickness,* 3 or 4 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 18th 1886

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry Street

A P Keller M. D.
Medical Attendant.

*Address,* 146 N. Biddle St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94897 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17 - 1886.

~~*Full Name of Deceased,*~~ { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anencephalous child of Benj and Jamie Weber

*Sex,* ~~*Male*~~ ~~*or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* — 5 — *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. } —

*Occupation,* —

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give Street and Number. } 15 Argyle ave

*Cause of Death,* First (Primary), Anencephalous child —

Second (Immediate), Inanition —

*Duration of Last Sickness,* 5 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Ave

*Date of Burial,* Sept 18th 1886

*Undertaker,* Evans Spence

*Place of Business,* N. Wood & Balt St *Address,* 215 N Carrollton ave

J. J. King *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 9 of 898 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the prompt delivery of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *forty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1886 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* September 16 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny Yeckel

*Sex,* ~~Male~~ *or Female,* { Cross out the word not required in this line. }

*Age,* 65 yrs *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or* ~~Widower~~, { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Galveston Texas

*Duration of Residence in the City of Baltimore,* Entire life

*Place of Death,* { Give street and Number. } 423 Light Street

*Cause of Death.* First (Primary), Typhoid Fever

Second (Immediate), Hypostatic Congestion of Lungs

*Duration of Last Sickness,* Seven weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Sept 18th 1886

*Undertaker* Armstrong Bro

*Place of Business,* 263 Light

Anna L. Kahn M. D.
Medical Attendant.

*Address,* 497 Light Street

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 9489 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT ACCEPTED CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD.

A

# CERTIFICATE OF DEATH.

*Date of Death,* 17th Sept. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Smith

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* *Months,* *Days,*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give street and Number.} 7 Howes court

*Cause of Death,* First (Primary), Gangrene of cheek

Second (Immediate).

*Duration of Last Sickness,* 5 weeks

the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* Sept 18 1886

*Undertaker* Jas Cube Ross

*Place of Business,* 95 Eastern Ave St

J. W. Nebeker M. D.
Medical Attendant.

*Address,* 101 Bank

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94900 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* September 17 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Demarti

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 18 months

*Place of Death,* {Give Street and Number.} 11 Engenbaugh's Wharf Boston Street

*Cause of Death,* First (Primary), Accidental Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Limit.

*Date of Burial,* September 18, 86

*Undertaker,* Felix Brosbach. C. H. Cullen M. D.

*Place of Business,* 258 & 260 Aisquith Address 1 Broadway

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94901 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Carey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Carter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 39 years

*Place of Death,* {Give Street and Number.} No 398 Sharp St

*Cause of Death,* First (Primary), Bronchial Catarrh

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 20-86

*Undertaker,* C F Kraus & Son

*Place of Business,* 209 Hanover *Address,* 151 Hanover St

J Buck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94902 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Lauer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* ... *Months,* ... *Days.*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} # 173 Hollins St

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), ...

*Duration of Last Sickness,* One Week.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Sept 19th

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address* [illegible]

E. L. Lewis M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94903 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 16 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph O'neal

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Labor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} # 30 Lemmon St

*Cause of Death,* First (Primary), Chronic Bright's Disease & Tuberculosis of lungs & bowels

Second (Immediate), Gangrene of foot, following Erysipelas in oedematous legs-where they broke. 2 week

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept 18 86

H. M. Latham M. D.

Medical Attendant.

*Undertaker,* J. J. Lemmon

*Place of Business,* 89 Hollins St *Address,* 53 Charles St Ave or Home Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94904 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH. D

*Date of Death,* September 17th 86 1.20 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Pittman

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 29 *Years,* ... *Months.* 4 *Days* /

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Salesman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Caroline Co. Virginia

*Duration of Residence in the City of Baltimore,* 3

*Place of Death,* {Give Street and Number.} 308 (190) W. Lombard St

*Cause of Death,* First (Primary), Colitis & Rectitis Ulcerativa

Second (Immediate), Asthenia

*Duration of Last Sickness,* six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* 8 Day Sept 1886

*Undertaker,* J. Hess

*Place of Business,* 20 Hill St

Jos. Bluny M. D.
Medical Attendant.

*Address,* 76 Columbia Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9-4-9 05 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Clement

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 230 N Durham St

*Cause of Death,* First (Primary), Gastric Catarrh

Second (Immediate), Collapsus

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian National Cr

*Date of Burial,* Sept 18 1886

*Undertaker,* Frank Wach

*Place of Business* 249 N Durham St *Address,* 247 N Caroline St

M Kloer M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 94906 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 17th Sept 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick J McCormick

*Sex, Male or ~~Female~~.* {Cross out the word not required in this line.}

*Age,* Years, 5 Months, 7 Days,

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bal

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 146 West

*Cause of Death.* First (Primary), Meningitis Acute

Second (Immediate), Convulsions

*Duration of Last Sickness,*

the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 18th 86.

*Undertaker* Daniel Flynn

*Place of Business,* 109 West St

Ed W Welch M. D.
Medical Attendant.

*Address,* 101 Barre

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94907 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 16 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Geisel

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* 3 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Bellair Ave

*Cause of Death,* First (Primary), Accidentaly Run over by B.C.P.R Cars

Second (Immediate), Fracture of foot & leg. Compression of brain

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sep 18th 1886

*Undertaker,* John Hennig C H Nuttidge M. D.

*Place of Business,* 382 Orleans Address 701 N Broadway

Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 14701

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 949018 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna D. Hupp

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 40 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 72 S. Carollton

*Cause of Death,* First (Primary), Paralysis agitans

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 3 or 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery O'Donnell St

*Date of Burial,* Sept 20th 1886 Edw. Lynch M. D.

Medical Attendant.

*Undertaker,* Denny & Bitzell

*Place of Business,* 65 S Broadway *Address.* 72 S Carroll

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 94909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
SEP 18 1886
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17th. 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Miller

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* Twenty Seven *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } Widow

*Occupation,* None

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Frederick Md.

*Duration of Residence in the City of Baltimore,* Ten years

*Place of Death,* { Give street and number. } 508 St. Paul St.

*Cause of Death,* { First (Primary,) Acute Rheumatism / Second (Immediate,) Cardiac failure

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick Md

*Date of Burial,* Sept 18 th

W. H. Thompson, M. D.
Medical Attendant.

*Undertaker,* H. C. Windfield *Address* 94 St. Paul St.

*Place of Business,* 100 Greenmt Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94910 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Haus

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* 2 *Months,* 02 *Days.*

*Color,* white

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Stonecutter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 yrs.

*Place of Death,* {Give Street and Number.} 447 N. Central ave.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemetery

*Date of Burial,* Sept 20

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Sq. *Address,* 226 Mulberry St.

Louis C. Klein M. D.
per E.K. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 97911 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 18 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17 '96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Knight

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years. 6 Months. Days.

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 301 Eutaw St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. P. Cem.

*Date of Burial,* Sept 19th

*Undertaker,* [illegible]

*Place of Business,* [illegible]

W. L. Bozze M. D.
Medical Attendant.

*Address,* 177 Stirling St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9c4912 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie G. Martin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 3 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 361 N. Charles st.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 11 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 19/86

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette *Address,* 115 W Monument st

C. O. Donovan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 9-4913 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
SEP 18 1886
BALTIMORE MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Kallies

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and Number.} 27 State St

*Cause of Death,* First (Primary), Morbus Brightii

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Sept 19 1886

*Undertaker* H. C. Sands & Son

*Place of Business,* 1708 & 1710 Eastern Ave *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94914 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 18 1886 BALTIMORE MD

## CERTIFICATE OF DEATH. 1

*Date of Death,* Sept 16th, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Weatherstone

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* of life time

*Place of Death,* {Give Street and Number.} No 337 Eastern Ave

*Cause of Death,* First (Primary),

Second (Immediate), Croup

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 19 1886

*Undertaker,* H Sander & Son

*Place of Business* 1708 & 1710 Canton *Address,*

M. D.

Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 9 of 915 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 BALTIMORE MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 1st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia J. Bird

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 243 Linden Ave.

*Cause of Death,* First (Primary), Brights Disease. (1)

Second (Immediate), Apoplexia.

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Sept 4th 1886

*Undertaker,* Stewart Brown

*Place of Business,* 35 Park | *Address,* 371 Eutaw Place

Thos. F. Latimer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 4916

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 4916 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Stone

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~*Years,*~~ 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 47 Aliceanna St

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Marys County Md

*Date of Burial,* 19 September 1886

*Undertaker,* W Weaver

*Place of Business,* 202 N Eutaw St

Jas G Carey M. D.
Medical Attendant.

*Address,* 75 Franklin St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

436 of Franklin

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94917 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Uhlhorn

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 39 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 57 S Castle st

*Cause of Death,* First (Primary), .....

Second (Immediate), Dropsy

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Sept 19th 86

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* .....

..... *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9491/8 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17" 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Solon

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* 1 *Days.*

*Color,* Colored

~~*Married*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bully Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 62 Myrtle ave

*Cause of Death,* First (Primary), Mal Nutrition

Second (Immediate), Marasmus

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem'l

*Date of Burial,* Sept 19" 1886

*Undertaker,* Wm H Dunges

*Place of Business,* East St *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

W C Roberts Sant" Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94919 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Coates

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, Days.

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 232 York St

*Cause of Death,* First (Primary), Bronchial Catarrh

Second (Immediate), Convulsions

*Duration of Last Sickness,* About 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 12 1886

*Undertaker,* Geo M Perkins

*Place of Business,* 221 Hanover St *Address.*

J. B. White M. D.
Medical Attendant.

Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 9490 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE

*Date of Death,* September 16th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Hess

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 9 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 260 E Madison St

*Cause of Death,* First, (Primary,) Typho Malarial Fever

Second, (Immediate,) Asthenia with Coma

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Bonaparte Bonaparte Co

*Date of Burial,* Sept 19th 1886

*Undertaker,* Henry Hoede

*Place of Business,* 209 N. Central Ave

Wm. H. Diffenderffer M. D.,
Medical Attendant.

*Address,* 140 Bolton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94921 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Feathers

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 740 Eastern St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Marasmus

*Duration of Last Sickness,* 3 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudenschlager

*Date of Burial,* Sept 19th 1886

Wm Gould *M. D.*

Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Shaw & Cross *Address,* 170 S. Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94922 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Lindemeyer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give Street and Number.} 20 Ohio Ave.

*Cause of Death,* First (Primary), Miscarriage

Second (Immediate), Diarrhoea, Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 19th 1886

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* Southern Dispensary

J. B. Mule M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore. 19

Permit No. 94923 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda E Franklin

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 7 *Months,* ... *Days.*

*Color* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 41 Parrish alley

*Cause of Death,* First (Primary) Whooping Cough

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept 19th 1886

*Undertaker,* H Ross

*Place of Business,* 95 Conway St *Address.*

David Alexander M. D.
Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 14774

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.**

# Health Department, City of Baltimore.

Permit No. 94924 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1886

## CERTIFICATE OF DEATH.

*Date of Death,* 3 Sept 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Grayson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 7 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto ✓

*Duration of Residence in the City of Baltimore,* 7 Mo

*Place of Death,* {Give Street and Number.} 745 Johnson Ave

*Cause of Death,* First (Primary), —

Second (Immediate), Diarrhea

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 19 1886

*Undertaker,* S W Chase

*Place of Business,* 19 Howard St

R. C. Lee M. D.
Medical Attendant.

*Address,* Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94925 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 19 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

a

*Date of Death,* Sept 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Muller

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation.*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 4 Adelaison Street

*Cause of Death,* { First (Primary), Second (Immediate). Convulsions During Life

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Sept 19th 1886

*Undertaker,* James P Byrne

*Place of Business,* *Address,*

M. D.

Medical Attendant.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94924 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible], if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1936 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Forman

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md

*Duration of Residence in the City of Baltimore,* Seventeen

*Place of Death,* {Give Street and Number.} 76 Moore alley

*Cause of Death,* First (Primary),

Second (Immediate), Puerperal Septicaemia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Sept 19th 1886

*Undertaker,* Mrs J Gray

*Place of Business,* 65 Mulberry

Wm Edw Lamm M. D.
Medical Attendant.

*Address,* 832 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Board of Health, City of Baltimore,

Permit No. 94927 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Septr. 18 1886

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Heinbach

*Sex, ~~Male~~ or Female.* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 4 *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Infant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 4 Months

*Place of Death,* {Give street and Number.} 367 Franklin

*Cause of Death,* First (Primary), Insanition

Second (Immediate), "

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial* Western Cemetery

*Date of Burial,* Sept 19th 1886

*Undertaker* Jos. Levinberg — J. A. Christian M. D. Medical Attendant.

*Place of Business,* 38 W. Pratt St. *Address,* 506 Mad. Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 74928 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1886 B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Kugel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months.* *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Europe

*Duration of Residence in the City of Baltimore,* 5 years.

*Place of Death,* {Give Street and Number.} 242 N. Durham St.

*Cause of Death,* First (Primary), Exhaustion

Second (Immediate), Peritonitis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus cem

*Date of Burial,* Sept 19th 1886

*Undertaker,* Frank Enoch

*Place of Business,* 244 N. Durham *Address,* 347 N. Broadway

John B. Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94929 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16 - 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Chester Chester

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 5 Clarkson Alley

*Cause of Death,* First (Primary), Bronchial Catarrh

Second (Immediate),

*Duration of Last Sickness,* about 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 18 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St / *Address,* Southern Dispensary

J. D. White M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 14935 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adalia Hallyhues

Adalia Holtzhues

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 10 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 69 Garden

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), "

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Sept 20 1886

*Undertaker,* A Rosenberger

*Place of Business,* 61 Park Ave

C B Gamble M. D.
Medical Attendant.

*Address,* 59 Cathe

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 34931 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday Sept 18th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lola Smith

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 4 *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 57 Mulberry St

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetry

*Date of Burial,* Sep 20 1886

*Undertaker,* A Rosenberger

*Place of Business,* 61 Park Ave

Edwin Lee M. D.
Medical Attendant.

*Address,* Park Ave & Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94932 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept. 18. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mazee,

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housewife,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* Thirty Years,

*Place of Death,* {Give Street and Number.} 117 N Eden St,

*Cause of Death,* First (Primary), Cerebral apoplexy.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mary's Cem.

*Date of Burial,* Sept 21, 1886

*Undertaker,* Evans & Speed

*Place of Business,* [illegible] *Address,* 133 N Eden St

J. W. C. Ramsay M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 14986

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94733 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th '86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dunn

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 128 Greenmount Ave

*Cause of Death,* First (Primary), Inanition

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 19th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 100 Greenmit Ave

John E. Monmonier M. D.
Medical Attendant.

Address, S. W. Cor. Pratt & Paca

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 94934

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94934 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Gasnick

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 257 Marsin Street

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Sept 20th 1886

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Dreiser *Address,* 19 Front St

I H Patterson *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

# Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 94935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18. 1886.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Rebecca Anderson.

*Sex,* ~~Male or~~ *Female,* { cross out the word not required in this line. }

*Age,* 34. *Years,* *Months,* *Days.*

*Color,* Colored.

*Married,* ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

*Occupation,* ———

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } St. Marys Co. Md.

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* { Give street and number } 59 Gordon alley. (Foster Alley)

*Cause of Death,* First, (Primary,) Apnoea.

Second, (Immediate,) Phthisis Pulmonalis.

*Duration of last Sickness,* One year and a half.

All the above Information should be furnished by the Physician.

*Place of Burial,* ~~Loudon Park~~ Cemetery

*Date of Burial,* Sept 20th 1886

James T. Smith M. D.
Medical Attendant.

*Undertaker,* Alex. Hemsley

*Place of Business,* 116 Orchard St. *Address,* #63 John St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94936 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 20 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 19/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Thomas Welch

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 7 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 36 Towson St Locust Pl

*Cause of Death,* First (Primary), Infantile Convulsions

Second (Immediate), .....

*Duration of Last Sickness,* 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* September 20th/86

*Undertaker,* Michael Funk

*Place of Business,* 35 Bank St

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9493 *Office of Registrar of Vital Statistics.* 3rd

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of ~~this Certificate, correctly~~ *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bandell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* White ✓

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} No 5 N Bond st

*Cause of Death,* First (Primary), Combination of diseases Liver Enlarged

Second (Immediate), Dropsy Exhaustion

*Duration of Last Sickness,* about 2 years, but ill 6 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 22

*Undertaker,* Wm F Schaffer

*Place of Business,* 5. S. Front St

H. Pigeway Jr M. D.
Medical Attendant.

*Address,* 121 E Bond st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94938 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Adams

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3. *Months.* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 10 Potopsico St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carl

*Date of Burial,* Sep 21

*Undertaker,* B Wade

*Place of Business,* 82 West St

Theodore Cator M. D.
Medical Attendant.

*Address,* 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94959 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A MEDICAL CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 15 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 8 Henry St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), ...

*Duration of Last Sickness.* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* September 20

*Undertaker,* ...

*Place of Business,* ... *Address,* ...

D. A. Cook *M. D.*

Medical Attendant.

Address, 110 Fort Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9 4 9 4 0

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9 4 9 4 0 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the transmission of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Behrend

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* *Months.* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 224 E. Pratt, Balt.

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} 224 E Pratt St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Paralysis

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept. 22d 86

*Undertaker,* Chas E Spence

*Place of Business,* 100 E Balt Address, 125 Eda

L A Whitbeck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94941 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Olivia L. Post

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} — City.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 1335 N. Gilmor St

*Cause of Death,* First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 20th/86

*Undertaker,* J. E. Murphy & Co

*Medical Attendant.* J. Ricketts M. D.

*Place of Business,* Penna Ave *Address,* 515 Penna Ave

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94942

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94942 *Office of Registrar of Vital Statistics.* Ward 5-0

RECEIVED SEP 20 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 9th mo. 19, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Petit

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* African

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Market-woman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 20 yrs,

*Place of Death,* {Give Street and Number.} 575 East St,

*Cause of Death,* First (Primary), Apoplexy (Cerebral)

Second (Immediate),

*Duration of Last Sickness,* 12 hrs,

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* Sept 20 1886

*Undertaker,* Wilmot & Dauge

*Place of Business,* 62 East St

Robert M. Matthew M. D.
Medical Attendant.

Address.

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 94943.

*Office of Registrar of Vital Statistics.*

10—

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT, SEP 20 1886 BALTIMORE

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19/86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lilia A. Davidson

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 45 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* { Give street and number. } 365 Lexington St.

*Cause of Death,* First, (Primary.) Valvular Disease of Heart

Second, (Immediate.)

*Duration of Last Sickness,* About eight days. (Last)

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* September 21st 1886

*Undertaker,* Wm Weaver

*Place of Business,* 202 N. Eutaw St.

Wm B. Atkinson M.D.,
Medical Attendant.

*Address,* 89 Madison Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Permit No. 9f9454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, SEP 20 1886 BALTIMORE, MD.

7 a

## CERTIFICATE OF ~~DEATH~~

*Date of Death,* Sept 17th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Pritchett

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Single~~ ~~Widower~~ ✓

*Occupation,* Mariner

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Rochester Co. Md.

*Duration of Residence in the City of Baltimore,* 57 yrs

*Place of Death,* {Give street and number.} 387 E. Eager St

*Cause of Death,* First, (Primary.) Dysentery.

Second, (Immediate.) exhaustion

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Northumberland County Va

*Date of Burial,* Sept 22nd 1886

*Undertaker,* Geo Schilling

*Place of Business,* Fish Landing

C. W. Backman M.D.,
Medical Attendant.

*Address,* 380 E. Fayette St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4365 Harris

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 94945 *Office of Registrar of Vital Statistics.* Ward 8 Cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 20 1896 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 96

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Fortermann

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ... *Years,* 4 *Months,* 8 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } Oliver St near York Road

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Enteritis

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 22nd

*Undertaker,* Geo Schilling

*Place of Business,* Ashland & Lyman

H L Kaufman M. D.,
Medical Attendant.

*Address,* 74 North Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94946 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Sahlote

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female.

*Age,* ~~Years,~~ 6. *Months,* 15. *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Single,~~ Widow or ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 224 Park St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Capillary Bronchitis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Sept 20th 1886

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Caroline

Geo. I. Tilyard M. D.
Medical Attendant.

Address, 31 N. Bond.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 74747

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94947 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Siemon

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 43 *Years,* 9 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} # 92 S. Paca st.

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate), Prostration

*Duration of Last Sickness,* [redacted] 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery.

*Date of Burial,* Sept 21st

*Undertaker,* F. W. Foull

*Place of Business* 421 Hanover St. *Address,* [illegible]

[illegible] *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7777

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9494 *Office of Registrar of Vital Statistics.* Ward 4 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* Sept. 19. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances A. Schwartz

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 1 hour ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 28 S. High Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 28 S. High St

*Cause of Death,* First (Primary), Premature birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Sept 20th

*Undertaker,* Evans & Spence

*Place of Business,* 60 E Balto St

F. Gillespie M. D.
Medical Attendant.

*Address,* 1 So. Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 14789 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* September 18 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil. Commander

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* Seven Yrs

*Place of Death,* {Give Street and Number.} 20 Bennett St

*Cause of Death,* First (Primary), Rupture of Bowels

Second (Immediate),

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Colley Evergreen

*Date of Burial,* Sept 19 1886

*Undertaker,* William N Dugee

*Place of Business,* 62 East St

A. S. Warner M. D.
Medical Attendant.

*Address,* Bank & 2nd

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 4 4 9 8

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 4 4 9 5 0 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20 / 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Myer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 253 E Pratt st,

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* Sept 21 86

*Undertaker,* Boehm

*Place of Business,* 153 E. Lombard *Address,* 502 Broadway

R W Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94951

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94951 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Gosch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 180 Hamburg St.

*Cause of Death,* First (Primary), Trismus Nascentium

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Home Sweet Home

*Date of Burial,* Sept 21.

*Undertaker,* B. Haile

*Place of Business,* 82 Hall

I. C. Bunch M. D.
Medical Attendant.

*Address,* 15 N Eutaw St

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16

*Permit No.* 94952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, SEP 20 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Logue Cooper

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 36 *Years,* X *Months,* X *Days*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Washington City D C

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and number.} 84 Down st

*Cause of Death,* First (Primary,) Chronic Hepatitis

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 21 1886

*Undertaker,* Hen Cules Ross

*Place of Business,* 95 Centre st

T Edward Kirby M. D

Medical Attendant.

*Address* 82 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[or

No. 94953

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94953 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19th/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Hen~~ Elmer Mussick

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower.* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimd

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 11 Johnson St.

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 20th 1886

*Undertaker,* Armstrong

*Place of Business,* 261 Light

Robert S. Lowe M. D.
Medical Attendant.

*Address,* 233 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 14954

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94954 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 4 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give Street and Number.} No 52 Dewberry Alley

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 20/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 N. Balto St. *Address,* Cleveland & Hanover

Chas. Schaefer M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 74955

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 74955 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT
SEP 20 1880
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20 / 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jefferson Howard Steigelman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* / *Months.* 9 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland. Balto City

*Duration of Residence in the City of Baltimore,* 1 month 9 days

*Place of Death,* {Give Street and Number.} 331 N. Mount st

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 1 month 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept. 21/80

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto st

Edward H. London M. D.
Medical Attendant.

Address. 326 N. Mount st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9496

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9496 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 20 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Sept. 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Butler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 23 *Years,* 8 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Labourer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 35 Fountain Street

*Cause of Death,* First (Primary), Congestion of Liver

Second (Immediate),

*Duration of Last Sickness,* Several days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Sept 21 86

*Undertaker,* G. Trance

*Place of Business,* Pratt & Holliday *Address,* 410 E. Pratt

James G. McShane M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9795 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 20 1886
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Meyers

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 15 *Years,* , ~~Months,~~ ~~Days.~~

*Color,* Colored

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

~~Occupation~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 82 Stiles st

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis.

*Duration of Last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 21st

*Undertaker,* John E. Grace

*Place of Business,* 313 Caroline St

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

94958

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Dise[illegible] ack of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94958 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT SEP 20 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles S. Durall

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 2 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 3 mo & 2 days

*Place of Death,* {Give Street and Number.} 5 Moyer St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sep 21/86

*Undertaker,* Am S. Fry

*Place of Business,* 81 W Broadway

P. Hoopman M. D.
Medical Attendant.

Address, 1812 E Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9495

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9495 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 BALTIMORE MD.

73

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Sprigg

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 50 to 60 *Years,* *Months,* *Days.*

*Color,* Col

*Married, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* about 20 years

*Place of Death,* {Give Street and Number.} 1034 Forester alley

*Cause of Death,* First (Primary), Heart Disease — Fatty —

Second (Immediate), Pneumonia.

*Duration of Last Sickness,* Heart trouble for 2 or 3 months, Pneumonia two days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpsburg Cemetery

*Date of Burial,* Sept 21 1886

Geo. E. Reynolds M. D.
Medical Attendant.

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St *Address,* 171 N Calvert St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 94900

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94900 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1886 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Baumgartner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 82 *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt: City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give Street and Number.} No 425 Hillcarn al

*Cause of Death,* First (Primary), Enteritis chronic

Second (Immediate), Meningitis

*Duration of Last Sickness,* four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* Sept'br 21st 1886

*Undertaker,* Peter Frey

*Place of Business,* 91 Eden St *Address,* 125 Eden

L A Whiteneck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94961 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. SEP 24 1886

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Lewis

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 19 yrs

*Place of Death,* {Give Street and Number.} 248 Park ave

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* over a year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* Sept 22 86

*Undertaker,* Chas T. Scriven

*Place of Business,* 91 N Eutaw *Address,*

C. O. Donovan *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 94962

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore,

Permit No. 94962. *Office of Registrar of Vital Statistics,* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 21 1886 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Clark

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Manchester England

*Duration of Residence in the City of Baltimore,* 1 WEEK.

*Place of Death,* {Give street and Number.} # 158 N. Eutaw St

*Cause of Death,* First (Primary). Typho Malarial Fever

Second (Immediate). Co Uremia

*Duration of Last Sickness,* 1 WEEK.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept 21st 1886

*Undertaker* John J Andrews

*Place of Business* No 406 Druid Hill Ave

John E. Huck M. D.
Medical Attendant.

*Address,* 6 N Crysler Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 24963

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 24963 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Fisher

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days.*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 607 Second N

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Dolphin Cemetery

*Date of Burial,* Sept 21 1886

*Undertaker,* Wilhelm & Bruce

*Place of Business,* 62 East St

Wm. L. Russell M. D.

Medical Attendant.

*Address.* 900 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94964

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94964 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE SEP 21 BALTIMORE MD.

B

## CERTIFICATE OF DEATH

*Date of Death,* September 20th 1886. 1 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia R. Neil

*Sex,* ~~Male or~~ *Female* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower* {Cross out the words not required in this line.}

*Occupation,* Home wife

*Birth Place,* {State or country, and if belong in the United States if of foreign birth.} New Jersey

*Duration of Residence in the City of Baltimore,* Five Years

*Place of Death,* {Give Street and Number.} 77 S Chester St

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Typho-Malaria

*Duration of Last Sickness.* Twenty three days

All the above information should be furnished by the Physician.

*Place of Burial,* New Jersey

*Date of Burial,* Sept 23rd 1886

*Undertaker,* Denson & Mitchell

*Medical Attendant,* Strapp Shirley M. D.

*Place of Business,* 65 S Broadway *Address.* 88 E Baltimore St

Consulting Physician, Dr Strapp Shirley

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4366 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 97965 *Office of Registrar of Vital Statistics.* Ward 2 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 21 1911

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Giesz

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 21 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore (City) Md.

*Duration of Residence in the City of Baltimore,* Entire time

*Place of Death,* {Give Street and Number.} 100 Philpot St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens Cem

*Date of Burial,* September 21 1911

*Undertaker,* Felix Bourbon

*Place of Business* 1708 Aliceanna *Address,* 207 S. Broadway

Nicholas L. Sala M. D.
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94966

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94966 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 19 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Conaway

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Bar-tender.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 29 years.

*Place of Death,* {Give Street and Number.} 688 S. Charles St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* About 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cem.

*Date of Burial,* Sept 22 1886 Geo. F. Taylor M. D.

Medical Attendant.

*Undertaker,* A. Fink & Son

*Place of Business,* 46 N. Gay St. *Address,* 234 N. Eutaw

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for D

No. 94967

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94967 *Office of Registrar of Vital Statistics.* **Ward** 6 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 17 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude M. Scott

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 2 *Months,* 7 *Days.*

*Color,* Black

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 50 N. Washington Ave

*Cause of Death,* First (Primary), Acute Pneumonia

Second (Immediate), Malarial Fever

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Sept 20 1886

*Undertaker,* Wm Madden

*Place of Business,* 70 East [illegible] *Address,* 800 N Broadway

Wm. L. Russell M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94968

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94968 *Office of Registrar of Vital Statistics.* Ward 6 U

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 20/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Theodora Haetterich

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 38 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 Years

*Place of Death,* {Give Street and Number.} McElderry St Extd No. 12

*Cause of Death,* First (Primary), Malarial Poisoning

Second (Immediate), Pretration

*Duration of Last Sickness,* About 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Louis Com

*Date of Burial,* Sep 22 d 1886

*Undertaker,* John Hennig

*Place of Business,* 352 Caroline St Address.

J. H. Colburg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 94969 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Rode

*Sex,* [redacted] *Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* 9 *Months,* 25 *Days.*

*Color,* White

*Married,* [redacted] {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Hanover, Germany

*Duration of Residence in the City of Baltimore,* Five Years

*Place of Death,* {Give street and number.} 88 S. Fremont St

*Cause of death,* First, (Primary,) Scrofula, Tuberculosis.

Second, (Immediate,) Exhaustion from Pulmonary Tuberculosis

*Duration of Last Sickness,* Five Years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* Sept. 22

*Undertaker,* [illegible] J. Wm. Jordan M. D., Medical Attendant.

*Place of Business,* [illegible] *Address,* 632 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 94970

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94970 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Hee

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color* C

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 69 Perry st

*Cause of Death,* First (Primary), ~~Apoplexy~~

Second (Immediate), Paralysis

*Duration of Last Sickness,* 3 or 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharps Cemetery

*Date of Burial,* Sept 21 1884

*Undertaker,* Hamilton Bros

*Place of Business,* 95 East Mt

R Winslow M. D.
Medical Attendant.

*Address,* 201 W Biddle st

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 94971

*Office of Registrar of Vital Statistics.*

19 cl

HEALTH DEPARTMENT SEP 21 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura V. Dorsey.

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* Three *Months,* 1 *Days.*

*Color,* Black

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto=

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number. } 62 Vincent St

*Cause of Death,* { First, (Primary.) Pneumonia

Second, (Immediate.) .....

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Sept 21st 1886

*Undertaker,* Wm. A. Jungel

*Place of Business,* 62 East St

C. M. Bell M.D.,

Medical Attendant.

*Address,* 1010 Cathedral

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 94972

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94972 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie M Buchanan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Two *Years,* nine *Months,* *Days.*

*Color,* cd.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 60 Fulton Ave

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), di

*Duration of Last Sickness,* Two weeks or more

All the above information should be furnished by the Physician.

*Place of Burial,* Lone Cem

*Date of Burial,* Sept 20/86

*Undertaker,* H H Burg

*Place of Business,*

Wm R. Wilmer M. D.
Medical Attendant.

*Address,* 375 Lafayette Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 94973

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94973 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

a

## CERTIFICATE OF DEATH

*Date of Death,* Sept 21st 1896

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamilton Boyd

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 78 *Years,* ——— *Months,* ——— *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Clerk P.O.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give Street and Number.} 12 Hospital

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 23rd 96

*Undertaker,* J E Murphy & Co

*Place of Business,* *Address,* 1 E Fayette

W. F. Grim *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4367 Daniel

[OVER.]

No. 9497

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9497 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Brown

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 12 *Years,* —— *Months,* —— *Days*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 39 Bradford alley

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Typhoid

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Sept 22nd 86

*Undertaker,* Thos J. Locke

*Place of Business,* Jefferson St

Francis X. Sauer M. D.
Medical Attendant.

Address, 439 N. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9-4975

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 9-4975 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norman Zeigler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 8 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 702 Saratoga

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Sept 22/86

*Undertaker,* J. L. Cook

*Place of Business,* 707 W. Balto St. *Address,* 319 Hachin ave

James Bowley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Permit No. 94976

114 C

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 21 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Vernon Mouser

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Conductor B & O R R

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number. } N 112 South Calhoun St

*Cause of Death,* First, (Primary.) Chronic Bronchitis

Second, (Immediate.)

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* 23rd/86

*Undertaker,* Jos. B. Cook

*Place of Business,* 707 N. Balto St

James Winter M.D.,

Medical Attendant.

*Address,* N 14 Paca St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10 1

HEALTH DEPARTMENT SEP 21 1886 BALTIMORE MD

Permit No. 9-1977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 29 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Russell.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days.*

*Color,* White.

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Carpenter.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* 56 Years

*Place of Death,* {Give street and number} I was called in and duly & found him dead, from what I suppose from his blue face, and anasarca of the feet was Heart-disease. His certificate is only given, in the absence of his Physician who can not be found.

*Cause of Death* { First, (Primary.) ... Second, (Immediate,) ...

*Duration of last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Lancaster Pa

*Date of Burial,* Thursday Sept 23 86

*Undertaker,* Wm J Brook

*Place of Business,* 17 Balto St

H Boyd Wylie M. D.
Medical Attendant.

*Address,* 198 Saratoga.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 94978

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94978 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Sherlock

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 3 E Clement Alley

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Calvary & Edmondson Cemetery

*Date of Burial,* Sept. 21st

*Undertaker,* Chas Earle

*Place of Business,* 82 West St. *Address.* 110 Fayette

Dr. Cook M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 94999

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94999 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of a true certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1886 REGISTERED.

## CERTIFICATE OF DEATH.

*Date of Death,* September 20. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Wildheim

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* 29 *Years,* 2 *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housewife.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Wesselburen, Germany

*Duration of Residence in the City of Baltimore,* 6 yrs.

*Place of Death,* {Give Street and Number.} 170 East Lombard St.

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Malarial Fever.

*Duration of Last Sickness,* 8 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 22

*Undertaker,* Bc Hoole

*Place of Business,* 82 West St.

A. V. Gouvieler. M. D.
Medical Attendant.

*Address,* 96 S. Ann St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Permit [illegible]

No. 94980

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94980 *Office of Registrar of Vital Statistics* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21, 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos H Hooper

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 16 Bayard St

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* Sept. 22/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto St *Address,* 537 N. Eutaw St

J. Miller M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94981

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94981 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1886 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 20th. September 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Lauth

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Labourer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Rheinbay, Bavary, Germany 30 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Post Street 25.

*Cause of Death,* First (Primary), Bronchitis Cronica

Second (Immediate),

*Duration of Last Sickness,* 15 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 22

*Undertaker,* W. Doty

*Place of Business,* 1st & Bond Address.

William Henkel M. D.
Medical Attendant.

S. Wolfert. 117

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94982

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94982 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21 1860

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena. Brunan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 248 Cross St

*Cause of Death,* First (Primary), Spasms

Second (Immediate), Hysteria

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* September 22

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway st *Address,* 17 Sharp St

C. L. Wood M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permits for Burials to the Office where issued Saturday of each week. No. 14980

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 97983 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21. 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Allen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 5 *Months,* ____ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 118 York St,

*Cause of Death,* First (Primary), Diarrhoea, & Neglect

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* September 22.

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St

J. B. White M. D.
Medical Attendant.

*Address.* Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burial will be issued at this office with...

No. 94984

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94984 *Office of Registrar of Vital Statistics,* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

D

*Date of Death,* Sept 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Young

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 6 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 1 E Cor Wash & Chase Sts

*Cause of Death,* First (Primary), Typhoid Malarial fever

Second (Immediate), Asthenia

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cemetery

*Date of Burial,* Sept 22 1886

*Undertaker,* Henry Hoen

*Place of Business,* 423 Central ave *Address,* Cemetery

C. C. Stein M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 14915

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94985 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Williams

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} /

*Age,* 17 *Years,* — *Months,* — *Days*

*Color,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harpers Ferry W. Va.

*Duration of Residence in the City of Baltimore,* 5 Years

*Place of Death,* {Give Street and Number.} 383 Scott St.

*Cause of Death,* First (Primary), Brain Fever

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters, Cem.

*Date of Burial,* Sept 23 1886

*Undertaker,* C F Krauss & Son

*Place of Business* 209 Hanover

H H Hebner M. D.
Medical Attendant.

Address, 298 N. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94986 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Pinkney

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 6 weeks *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 46 Parrish St

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 46 Parrish St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), .....

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Sept 22 1905

*Undertaker,* Wilkinson & Krieger

*Place of Business,* 62 E Cross St

J. A. Duvall M. D.
Medical Attendant.

*Address,* 400 N Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94987 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE, MD.

*Date of Death,* Sept 19 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Easton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 3 Months, 3 Days.

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Myrtle Ave # 62

*Cause of Death,* First (Primary), } Natural causes
Second (Immediate), }

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shoppert Cemetery

*Date of Burial,* Sept 22 1886

*Undertaker,* William Munger

*Place of Business,* 62 East St Address,

L. L. Spanour M. D.
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

94988

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94988 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie E. Bolgiano

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* — *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 444 N Central ave

*Cause of Death,* First (Primary), Malarial fever,

Second (Immediate), Cerebro Spinal Meningitis 2 days

*Duration of Last Sickness,* five months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem.

*Date of Burial,* Sept 22, 1886.

*Undertaker,* Henry McGinnis

*Place of Business,* 448 N. Central Ave *Address,* 134 N Exeter St

Samuel J Bolt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

No. 9[illegible]

# Health Department, City of Baltimore.

Permit No. 94989

*Office of Registrar of Vital Statistics.*

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie E Duvall

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 3 *Years,* 1 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 33 W Baltimore

*Cause of Death,* First (Primary), Disease Brain.

Second (Immediate),

*Duration of Last Sickness,* two weeks.

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 4 1886

*Undertaker,* Wm S Hay

*Place of Business,* 11 W Broadway *Address,* Eutaw St

O. L. Mason M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause d date of death.

[OVER.]

8

Keepers of Cemeteries in City of Baltimore will please return all Permits for Burials each week.

94990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases. Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 94990 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bryan Crowley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* —— *Months,* —— *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 Years.

*Place of Death,* {Give street and Number.} 257 E. Fayette Street

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) 8 Months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept. 23d 1886

*Undertaker,* M. Sclarke & Son

*Residence of Business,* 92 S. Conn. Av. *Address.*

N. J. Babiller M. D.,
Medical Attendant.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 94991

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94991 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 21 — '86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Arthur Taylor.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Two mos *Years,* Two *Months,* *Days*

*Color,* Col ~~White~~

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Two months

*Place of Death,* {Give Street and Number.} 3 Tyrone Street.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), — — — — — — — —

*Duration of Last Sickness,* Eight days.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Sept 22d 1886

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard

Clara Steinbrenner, M. D.
Medical Attendant.

Address, 144 Myrtle Avenue

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 14992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 94992

*Office of Registrar of Vital Statistics.* 7. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 21st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Comes

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* Bookkeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Massachusetts

*Duration of Residence in the City of Baltimore,* Twenty Years

*Place of Death,* {Give street and number.} 293 N. Paca St

*Cause of Death,* First, (Primary.) Chronic Bronchitis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 22nd 1886

*Undertaker,* Denny & Mitchell

*Place of Business,* 658 Broadway

C. M. Bell M.D.,
Medical Attendant.

*Address,* 128 Cathedral

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 94993

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 94993 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Saulter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* carrying butchers baskets

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} Cedar Row No 8

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St

*Date of Burial,* Sept 22 1880

*Undertaker,* Alex Hemsley

*Place of Business,* 16 Richard St *Address.*

L Lyttleton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 94994

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 9799 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lindenstruth

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or~~ *Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty three years

*Place of Death,* {Give Street and Number.} 218 S. Durham St.

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate),

*Duration of Last Sickness,* Thirteen hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews Cem

*Date of Burial,* Sept. 23. /86

*Undertaker,* H. Sanderson

*Place of Business,* 252 Canton Ave

Nicholas L. Dashiell, M. D.
Medical Attendant.

*Address,* 207 S. Broadway

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

Keeper of ... 4995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 9 4995 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Sneeman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* —— *Months,* —— *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 247 S. Dallas St

*Cause of Death,* First, (Primary,) ——

Second, (Immediate,) Marasmus —

*Duration of Last Sickness,* about 2 Months —

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* Sept 22. 1880

*Undertaker,* H. Sanders Son

*Place of Business,* 252 Canton Ave

H. J. Bushell M. D., Medical Attendant.

Address, 247 S. Dallas

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3 Trans

Permits for Burials, [illegible] 14996

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94996 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH. C

*Date of Death,* Sept 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Bell & Harriet Bell Parents

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* one *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Orchard St # 62

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Orchard St # 62

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 23 1886

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St Address.

L G Spamer M. D.
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keep
Permits for ... to this Office whence issued. ...

No. 94997

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94997 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Weigand

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} W

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 Yrs

*Place of Death,* {Give Street and Number.} 153 Sharp St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Phthisis

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cem

*Date of Burial,* Sept 23 86

*Undertaker,* B Hall

*Place of Business,* [illegible] *Address,* [illegible]

Fenton C. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers
Permits [illegible]

No. 14998

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 94998 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 22 1886
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* 22d of Sept 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Samstag

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 7 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Father Laborer, Mother Michael Samstag

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Parents Lemaan

*Place of Death,* {Give Street and Number.} 92 Fawson st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Thrush Exhausted

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* 23d Sept 1886

*Undertaker,* A. Harle

*Place of Business,* 22 West St

C. McLaney M. D.
Medical Attendant.

*Address,* 1229 E Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keep[illegible] No. 14999

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 94999 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1886 BALTIMORE, MD.

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## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21st 1886.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kmiecziak

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male.

*Age,* ..... *Years,* 8 *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Child

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 90 Lancaster St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Sept 22nd 86

*Undertaker,* G. Franc

*Place of Business,* Franz & Wolfe Address, 35 N. Bond St

Geo. J. Siljacks M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 95009 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Pinckney Whyte Green

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 10 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 95 Abernale st

*Cause of Death,* First (Primary), Acne chacecticomm

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincent

*Date of Burial,* September 22.

*Undertaker,* H. Depaul

*Place of Business,* 13 S. Bond st. *Address,* 1727 E. Baltimore st.

P. L. Dausel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 95000 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Pinckney White Sr. Dr.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 10 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 95 Hillendale st

*Cause of Death,* First (Primary), Acne chacticorum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincent

*Date of Burial,* September 22.

*Undertaker,* H. Dufful

*Place of Business,* 1[illegible] S. Bond st. *Address,* 1727 E. Balto. st.

P. L. Dawes M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

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[OVER.]

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

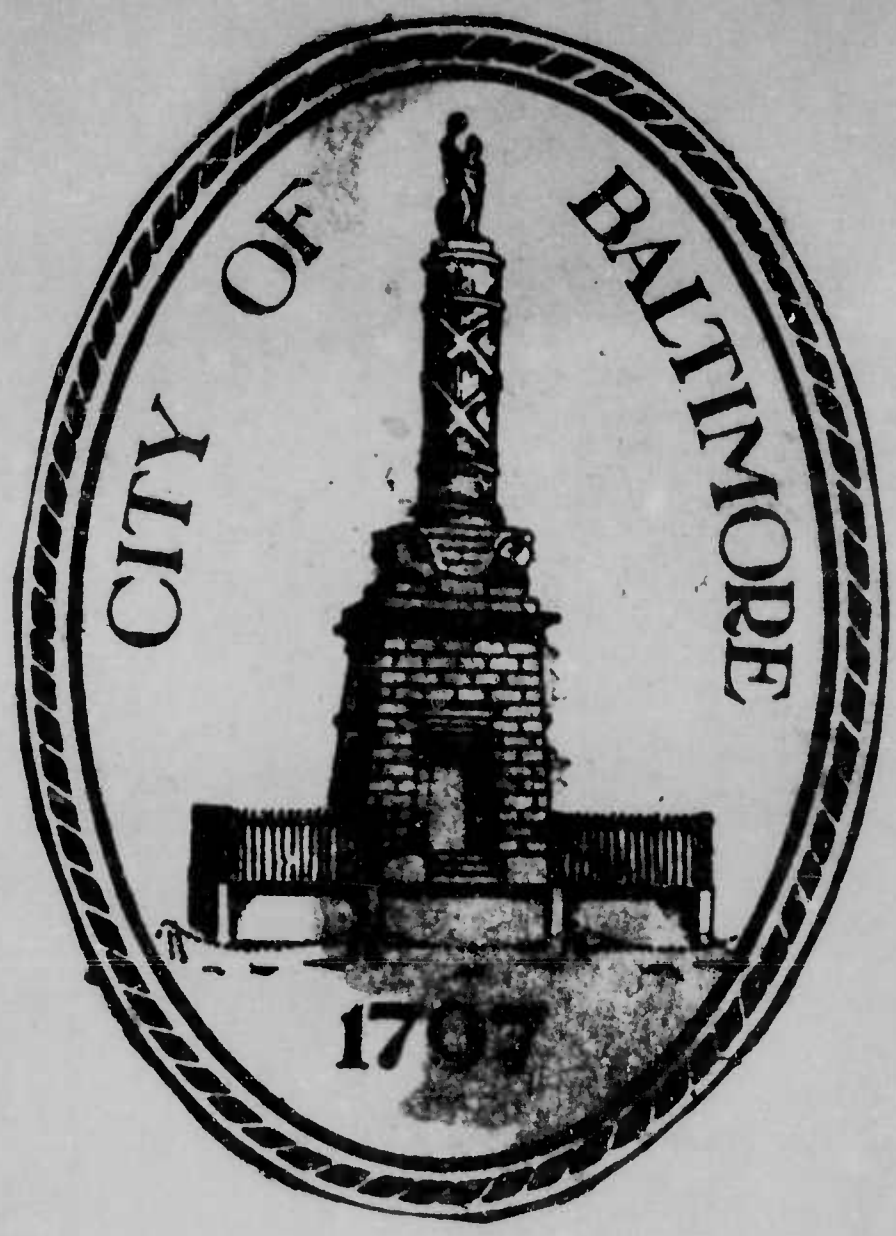
RECORDS MANAGEMENT DIVISION

# CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 22 DAY Nov,
OF 19. THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH 91676 - 5/15/86 AND
ENDING WITH 95000 - 9/2/86 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: O'Kline

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